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ABSTRACT

This Kids Count report examines statewide trend data on the well-being of Nebraska's children. Section 1 of the report presents U.S. Census data on population trends in Nebraska as well as child poverty rates, and urges Nebraskans to work together to ensure that its youngest citizens have the best start possible. Section 2, the bulk of this statistical report, presents findings on indicators of child well-being in eight areas: (1) child abuse and neglect/domestic violence (investigated and substantiated cases, reporting, types of abuse, child abuse fatalities in 2001, and domestic violence/sexual assault programs); (2) early childhood care and education (early childhood development programs, and child care facilities and subsidies); (3) economic well-being (TANF, earned income tax credit, single parent families, and divorce and child support); (4) education (high school graduates, school dropouts, expelled students, and special education; (5) physical and behavioral health (birth, prenatal care, infant mortality, low birthweight, births to teens, out-of-wedlock births, immunizations, child deaths, health care access, blood lead levels, mental health and substance abuse treatment, youth risk behavior survey); (6) juvenile justice (juvenile arrests, probation, youth rehabilitation and treatment centers, adult jail and parole for juveniles); (7) nutrition (food stamps, USDA nutrition programs); and (8) out-of-home care and adoption (state foster care review board, children in out-of-home care, licensed and approved foster homes, multiple placements, race and ethnicity, adoption services). Sections 3 and 4 present notes on county data and the specific data in table form. Sections 5 through 7 present information concerning methodology, data sources, definitions, references, and Kids Count Team members. (KB)

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kidscount 2002 report in Nebraska

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Kids Count is a national and state-by-state effort sponsored by the Annie E. Casey Foundation to track the status of children in the United States utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. An important component of this project is the Technical Team of advisors. The Kids Count Technical Team is comprised of data representatives from the numerous agencies in Nebraska which maintain important information about child well-being. This team not only provides us with information from their databases but advises us on the positioning of their data in relation to other fields of data as well. We could not produce this report without their interest and cooperation and the support of their agencies. **Kids Count in Nebraska**, sponsored by The Annie E. Casey Foundation, began in 1993. This is the project's tenth report. Additional funding for this report comes from Share Our Strength (S.O.S.).

Kids Count photographs featured are all Nebraska children. Several issues and programs may be discussed in a particular section. Children featured in each section represent elements of that section but may not be directly involved with the programs or issues discussed therein.

Additional copies of the 2002 Kids Count in Nebraska report as well as 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000 and 2001 reports, are available for $10.00 each from:

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Table of Contents

I. Commentary '02 2
- Census 2000 – Nebraska
- Trends in Population Change
- Nebraska Children and Poverty
- Take Action

II. Indicators of Child Well-Being

Child Abuse and Neglect/Domestic Violence 4
- Investigated and Substantiated Cases
- It's the Law
- Types of Abuse
- Child Abuse Fatalities In 2001
- Domestic Violence/Sexual Assault Programs

Early Childhood Care and Education 6
- Early Childhood Development Programs in Nebraska
  - Head Start and Early Head Start
  - State Early Childhood Projects
  - Even Start Family Literacy Programs
  - Early Childhood Special Education and Early Intervention Programs
- Child Care Facilities and Subsidies

Economic Well-Being 8
- Temporary Assistance to Needy Families (TANF)
- Earned Income Tax Credit
- Single Parent Families
- Divorce and Child Support

Education 10
- High School Graduates
- School Dropouts
- Expelled Students
- Special Education

Health - Physical and Behavioral 12
- Birth
- Prenatal Care
- Infant Mortality
- Low Birth Weight
- Births to Teens
- Out-of-Wedlock Births
- Immunizations
- Child Deaths
- Access to Health Care
- Blood Lead Levels
- Mental Health and Substance Abuse Treatment
  - Regional Centers
  - Community-Based Services
- Youth Risk Behavior Survey
  - Alcohol and Other Drugs
  - Tobacco
  - Motor Vehicle Crashes and Seat Belt Use
  - Teen Sexual Behavior
  - Obesity, Diet and Physical Activity

Juvenile Justice 18
- Juvenile Arrests
- Probation
- Youth Rehabilitation and Treatment Centers (YRTC)
- Adult Jail and Parole for Juveniles

Nutrition 20
- USDA Nutrition Programs
  - Food Stamps
  - School Lunch
  - School Breakfast
  - Summer Food Service
  - Commodity Distribution Program
  - Child and Adult Care Food Program
  - Commodity Supplemental Foods Program (CFSP)
  - WIC

Out-of-Home Care and Adoption 22
- State Foster Care Review Board
- How Many Children are in Out-of-Home Care?
- Licensed and Approved Foster Homes
- Lack of Foster Care Homes
- Multiple Placements
- Race and Ethnicity
- Adoption Services

III. County Data Notes 25

IV. County Data 26

V. Methodology, Data Sources, and Definitions 30

VI. References 32

VII. Kids Count Team Members 33

Census 2000
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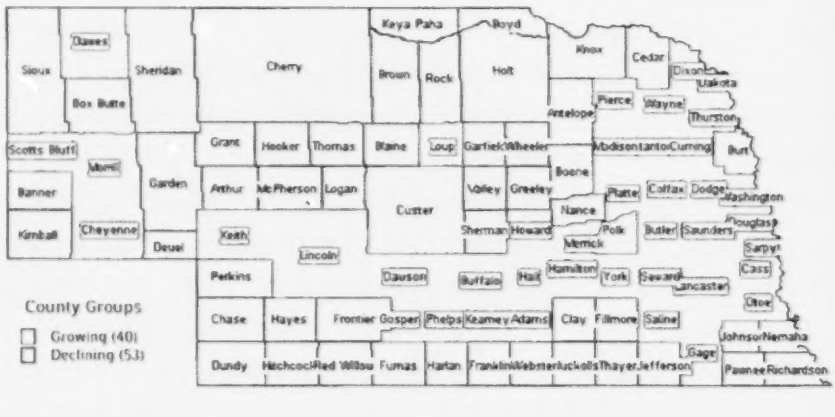
Since 1790 the United States Decennial Census has provided researchers with the most accurate statistical analysis of our population. While the Decennial Census is not the only survey collected to provide information on our population, it is the most comprehensive today due to the large sample size. From the Census we can determine where the population warrants the building of new schools and roads, decipher career trends and identify what an average American household looks like. We can also track migration and immigration, find out how many children are suffering in poverty, and how many parents are in the workforce. The benefit of this information can help prevent history from repeating itself.

Migration is a common theme across each decade; however, some years are more noteworthy than others. The industrial revolution, for example, marked a dramatic population shift as families moved from farms to cities in order to find work. Nebraska is experiencing this now.

Several periods throughout United States history have displayed the benefits and challenges of heavy immigration. While a new and willing workforce is often welcomed, language and cultural barriers can be a source of frustration and tension for both locals and newcomers. Immigration can tax community resources as families who are looking for a fresh start often lack adequate economic supports. Schools in these communities may find themselves in need of bilingual teachers and businesses may require bilingual and culturally-educated staff. Once the effort is put forth to embrace the new population, the benefits to the community are limitless. Nebraska is experiencing this now.

The Census indicates rates of poverty from the country as a whole, down to the individual neighborhood and/or racial or ethnic group. While Nebraska's overall poverty rates have shown a decrease through the last 10 years, we cannot take our success for granted. It is important to take a closer look. Higher poverty rates may be concentrated in certain communities or in certain racial or ethnic groups. Poverty profoundly affects the children living in those families. Nebraska must deal with poverty now.

Nebraska Counties Classified By Population Change, 1990-2000



Trends in Population Change

In the 10 years spanning 1990 – 2000, Nebraska's population grew 8.4%. Overall, 48,000 persons were added, marking the largest population growth since the change between 1910 and 1920. Nebraska's rate of population growth did begin to slow in 1997. This slower growth carried itself into 2000 – 2001 with the state only growing at 0.1%, the smallest increase since 1986 – 1987. The 1990s growth is positive for the state as a whole; however, it is important to take a more in-depth look to identify where the growth was experienced and where it was not.

Nebraska's population growth was focused in cities and towns, adding population at a rate four times faster than the population outside of cities and towns. While both metropolitan and nonmetropolitan Nebraska counties added population, counties with no city above a population of 2,500 continued to decline in numbers. The Census shows that all classes of nonmetropolitan

ska

Rut family

counties lost population; however the decline in counties with cities smaller than 2,500 was especially noteworthy.

To a county that has diversity in the age of the population, a 10-year standstill or even minor decline in population is not necessarily detrimental. Unfortunately, many of the counties and communities in this situation consist mostly of the elderly with very few young families with children. These young families appear to be moving into the larger cities and towns to find work that enables them to support their families. A community is not likely to survive without a youthful population base from which to grow. This is of particular concern in Nebraska, where we remain reliant on agriculture as a major source of economic stability. When speaking of economics, it is important to note that Nebraska's most rapidly declining age groups are ages 30 to 34 (-15.7%) and ages 25 to 29 (-10.5%). In addition, young children ages 0 to 9 are slowly declining; in fact, there are fewer children for each year under age 10.

Nebraska's increase in population is largely due to immigration. Non-white and Hispanic populations (racial and ethnic minorities) increased by 83.3% overall, comprising 12.7% of the total population. Those with Hispanic origins alone grew at 155.4%, becoming the largest minority group in Nebraska. Nebraska's black population grew at a rate between 19.4% – 32.1%, accompanied by a large increase in the Asian and Pacific Islander population at 83.3% – 129.8%. The American Indian, Eskimo and Aleut population rose at a rate of 20% – 78.9%. While the white alone population and non-Hispanic/Latino youth population declined 2.1% (more than 10,000 persons), the Hispanic/Latino youth population grew 81.8% (more than 47,000 persons).

Nebraska Children and Poverty

The Census can tell us extraordinary amounts of information about our future by telling us about our children. According to the 2000 Census there are 450,242 children ages 0 to 17. Of these children 117,048 are under the tender age of 5. Eighteen percent (82,116) of Nebraska children are categorized as a racial or ethnic minority. According to the 2000 Census, 19.6% of our children live in a single parent household. Seventy-three percent of Nebraska's working women are the mothers of children under age 6, an increase of 2% over the last 10 years.

Children living in poverty require special attention and resources to acquire the good health, knowledge and skills necessary to become successful adults. Twelve percent of Nebraska's children ages 0 to 17 are living in poverty according to the 2000 Census. While this is a 2% improvement over the 1990 Census results, it is representative of income earned in 1999, a time of economic prosperity. Our current economic situation just two short years later may paint a very different picture.

The 2000 Decennial Census showed economic improvements for Nebraska's minority families as well. The 1990 Census reported 37% of minority children living in poverty. Over the next 10 years, Nebraska would show a decrease of 7%, leaving 30% total minority children in poverty. While we may be pleased with the 7% drop in the poverty rate for minority children, it is 2.5 times higher than the overall child poverty rate in Nebraska.

Take Action

Voices for Children wants the people of Nebraska to not only educate themselves about the Census and what it can offer, but to make sense of the information it provides. We urge you to make use of this information – to take action. Nebraska can make the most of our new immigrant populations, help lift families out of poverty, revive our rural towns and give working mothers the peace of mind that comes with affordable and high-quality child care. Decennial Census 2010 is just around the corner. There is no time to waste. Please walk with us on the road to a better life for Nebraska's children. Nebraska started this decade with tragedy and budget crises, but there are many years to go. Together, we can make this decade go down as history that we want repeated. Please join us in using this Census data to speak out in behalf of our youngest citizens so they can get the best start possible on their way to adulthood.

Statistical analysis and information provided by Jerry Deichert, UNO Center for Public Affairs Research, Nebraska State Data Center.

Child Abuse & Dome

The maltreatment of children affects those individual children, their families, their communities and our society. Violence, whether observed or directly felt by a child, can disrupt growth and development, lower self-esteem, perpetuate a cycle of violence and cause or exacerbate mental health problems. The result is often academic underachievement, violent behaviors, substance use and low productivity as adults.

Patience, 10

impact box

National studies have shown that in 30% – 60% of families where either child maltreatment or domestic violence is occurring, another form of violence is also used by the perpetrator.[1]

Researchers have estimated that 3.3 to 10 million U.S. children annually witness assaults by one parent against another.[2]

Over the past 10 years, women who have received assistance from Nebraska's network of domestic violence and sexual assault programs have consistently reported that more than 80% of their children witnessed the violence, 12% were being physically abused, and 4% were suspected of being sexually abused.[3]

Investigated and Substantiated Cases

The Department of Health and Human Services (HHS) received 15,103 calls alleging child abuse and neglect in 2001, a 12% increase over the 13,448 calls received in 2000. Of the more than 15,000 calls received, 7,153 were investigated resulting in 2,060 substantiations involving 3,268 children. This averages out to 40 child abuse and neglect substantiations involving nearly 63 children per week. The year 2001 showed a 6% – 7% increase over 2000 in the number of substantiated cases and the number of children involved in those cases. It is difficult to accurately display and identify trends in data due to a change in how data is recorded by HHS through the N-FOCUS/CWIS database. The former computer system, replaced in 1998 with the N-FOCUS/CWIS system, did not capture all calls alleging child abuse and neglect. Also, the former system tended to record all children in the household as victims; it could not designate "who did what to whom." N-FOCUS/CWIS now records the child or children whose abuse has been directly substantiated, it can designate the "who did what to whom." HHS chose to capture the data in this new way to ensure that perpetrators who have maltreated one child are not identified as having maltreated others. However, studies show that children who witness violence may experience the same emotional damage and present the same behaviors as children who have been abused directly.

Data shows substantiated cases are more likely to involve young children. In 2001, 1,983 or 61% of the children involved in substantiated cases were ages 0 to 8. The average age of a child in a substantiated case was 7.4. Children ages 0 to 3 represented 790 or 24% of the children involved in substantiated cases and children age 2 or under represented 773 or 24%. Older children are not less likely to be abused; but instead younger children often display stronger evidence of abuse, making it more likely to be reported. In 2001, there were 1,661 female children and 1,573 male children involved in substantiated cases. According to hospital discharge records, males are the most probable perpetrator of physical abuse resulting in the need for medical assistance and are usually the spouse or partner of the child's mother.

Neglect
stic Violence

It's the Law!

The State of Nebraska requires all citizens who suspect or have witnessed child abuse or neglect to report the incident to their local law enforcement agencies or to Child Protective Services (CPS).

Only 1% of child abuse reports come from the children themselves. Children often have strong loyalties to their parent(s) and/or the perpetrator and therefore are not likely to report their or their siblings abuse or neglect. These children may fear the consequences for themselves, the perpetrator and/or their parent(s). There is also a strong possibility that the perpetrator has threatened more serious abuse if they tell.

Types of Abuse

Neglect, physical abuse and sexual abuse are the three main classifications that fall under the umbrella of child abuse. Because children may experience more than one form of abuse, HHS records all types of abuse that apply to each child individually. Over the years, neglect has been found to be the most commonly substantiated form of child maltreatment. If a child has not been provided for emotionally, physically and/or medically it is considered neglect. Infants and children who are labeled failure to thrive are often the result of neglect.

Child Abuse Fatalities in 2001

Nebraska recorded one fatality due to child abuse in 2001. From 1992 – 2001 there were a total of 13 deaths attributed to child battering in Nebraska.

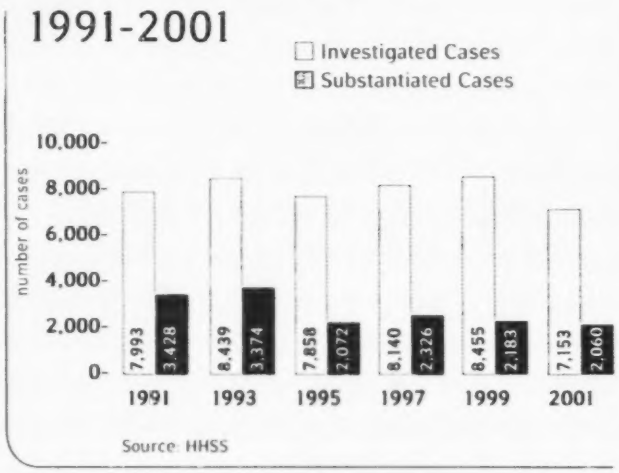
Domestic Violence/ Sexual Assault Programs

Nebraska's Network of Domestic Violence/Sexual Assault Programs has changed the software used to collect statistical data making 2001 data unavailable. Information from the new system will be included in next year's *Kids Count*.

National data has continued to show a need for communities to address the overlap between domestic violence and child maltreatment. The children may be affected by the perpetrator's actions in a variety of ways, including: as a direct victim of physical and emotional abuse or neglect, as an accidental victim of violence (i.e., hit by an object that was thrown at the adult victim), or affected by witnessing the violence.

Most battered women actively try to protect their children from violence. Common strategies include sending the children to their room or to a friend's house, trying to improve the relationship so the children aren't exposed to future violence, and staying in the relationship to protect the children. Many agencies have come to believe that the most effective way to protect the children is to protect the mother or the non-offending parent.

Investigate and Substantiated Cases of Child Abuse and Neglect



TOTAL DAILY COST OF CHILD ABUSE & NEGLECT IN THE UNITED STATES

DIRECT COSTS	
Hospitalization	$17,001,082
Chronic Health Problems	$8,186,185
Mental Health Care System	$1,164,686
Child Welfare System	$39,452,054
Law Enforcement System	$67,698
Judicial System	$934,725
Total Direct Costs	**$66,806,430**
INDIRECT COSTS	
Special Education	$612,624
Mental Health and Health Care	$12,678,455
Juvenile Delinquency	$24,124,086
Lost Productivity to Society	$1,797,260
Adult Criminality	$151,726,027
Total Indirect Costs	**$190,938,452**
TOTAL COST	**$257,744,882**

Source: Prevent Child Abuse America*

Early Childhood Care & Education

Children from birth to age 8 are considered in the early childhood stage of life. During this critical period, children will grow and learn more than they will any other time in their lives. In order to make the most of this developmental stage children require high quality care. While ideally, that care is provided by the parent(s), families are faced with the reality that the single parent or both parents must be employed for financial survival. In Nebraska, 73% of working mothers have children under the age of six. Young children who receive quality care may benefit cognitively, socially and emotionally increasing their chances of achieving a productive adulthood from which we all will benefit.

Early Childhood Development Programs in Nebraska

Head Start and Early Head Start

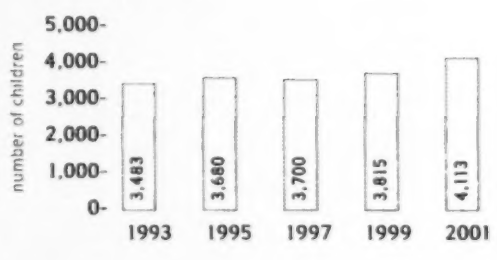
Head Start and Early Head Start programs are federally funded to provide comprehensive services in health and wellness, nutrition, education and social services to low-income families with infants, toddlers and preschool children. Early Head Start also serves pregnant teens and women preparing for the birth of their child. The four cornerstones of Head Start include: child development, family development, staff development and community development. Children participate in various program formats including: center-based, home-based or a combination of both to focus on the cognitive, social and emotional development in preparation for the transition to school. Research shows that Head Start children perform better in school and eventually in employment than those children of similar circumstances who did not participate in Head Start.

Recent early childhood brain research provided a catalyst to funding Early Head Start programs in this decade. Research has concluded that developmentally appropriate experiences contribute to the healthy development of an infant's brain and make a significant difference in whether a child may reach their full potential. Head Start and Early Head Start programs assist parents in helping their children reach their full potential through parenting education and support, mentoring, volunteering and employment opportunities and collaborations with other quality early childhood programs and community services.

In 2001, there were approximately 180 Head Start classes in operation by 17 grantees covering 77 counties in Nebraska with an actual enrollment of 4,935. Total funded enrollment is 4,538. Early Head Start enrollment, pregnant women and children ages 0 to 3, was 822. Head Start enrollment, children 3 to Kindergarten entrance was 4,113. Of the child participants in both programs, 662 were identified as having special needs. Approximately 20% of enrollment includes children whose dominant language is not English. The American Indian Program Branch Head Start operates 14 classes within Nebraska's geographic borders. The Winnebago, Santee Sioux and Omaha Tribes are grantees with a total funded enrollment of 226. Migrant Branch Head Start operated 14 classes. The grantee is Panhandle Community Services in Gering. Migrant Head Start served approximately 98 children, 87 for which Spanish is their dominant language. Currently, Head Start funding exists for about half of the 3- and 4- year old children who are eligible.

How many of Nebraska's 8,202 eligible 3- and 4-year old children were enrolled Head Start Program?

1993-2001



Source: Region VII Administration for Children and Families

State Early Childhood Projects

Since 1992, Early Childhood Projects have been serving young children and their parents in 10 Nebraska communities. In 2001, in response to the Governor's identification of early childhood as a state priority, the legislature appropriated additional funds to expand the number of programs. Twenty-five communities in Nebraska currently receive grants to offer integrated child development programs by combining existing resources with state grants ranging from $30,000 to $50,000 per classroom. Total grant amounts to communities vary according to the number of classrooms and the length and duration of services, which range from part-day to full-day and school-year to year-round programs. Administered through local schools or educational service units, Early Childhood Grant Programs currently are funded to serve approximately 1,200 children.

Matthew, 4

Even Start Family Literacy Programs

In an effort to break the cycle of poverty, illiteracy and improve educational opportunities for families, the Even Start Literacy program integrates early childhood education, adult literacy or adult basic education, and parenting education. In 2001, 225 families with 350 children received services through one of the eight federally funded Even Start Literacy programs in Nebraska.

Early Childhood Special Education and Early Intervention Programs

Children from birth through age 3 who have verified disabilities can receive services through their local school district in collaboration between Health and Human Services and the Department of Education. In 2001, these Early Childhood Special Education and Early Intervention programs served 5,056 children ages 0 through age 5.

Child Care Facilities and Subsidies

In Nebraska, if a child care facility provides care for four or more children it must be licensed by Nebraska Health and Human Services Systems (HHSS). Nebraska experienced a decrease of 879 licensed child care providers from 1996 to 2000. That number began to rise in 2001 with the addition of 203 licensed facilities, totaling 4,398 facilities licensed with a total capacity to provide child care to 94,909 children in Nebraska as of December 2001. The vast majority of the 117,048 children under age 5 in Nebraska will require child care outside the household at some point in their young lives. The lack of quality and licensed child care in Nebraska often results in long waiting lists and the utilization of unlicensed care by families.

impact box

CHALLENGES FACING NEBRASKA EARLY CHILDHOOD AND EARLY EDUCATION PROGRAMS

- Fewer than one-half of eligible Nebraska children have access to a Head Start program.
- The struggle to locate affordable and accessible child care continually saps the energy and resources of working families.
- Teachers/caregivers in virtually every type of early childhood care and education program continue to earn wages which are half of comparably prepared professionals in related fields.
- Recent national research demonstrates that despite what is known about the potential benefit of high quality programs for children's later success in school and in life, well over half of children are in settings which can, at best, be rated as mediocre.

There is considerable activity to improve the quality and availability of early childhood programs in Nebraska and the challenges above are not unique to Nebraska but are common issues across the nation.

Source: The Nebraska Department of Education

In 2001, families at or below 185% of the federal poverty level (see *Economic Well-Being* section of this report), could utilize child care subsidies. In 2001, HHSS subsidized the child care of 29,873 unduplicated children, an increase of 421 unduplicated children over 2000, with a monthly average of 15,218 children. With an average cost of $1,640 per child, a total of $47,917,062 federal and state dollars were used for child care subsidies in Nebraska. Subsidies are usually paid to the providers directly. The average subsidy cost per child paid by Health and Human Services during SFY2001 was approximately $262 per month, more than $3,000 a year. The rates established to pay for child care subsidy for preschool and school age children range between $13 and $25 per day. For in-home care, where the child care provider comes to the home of the child, HHSS uses a basic rate of $5.15 per hour.

During the 2002 Legislative Session, more than $4.5 million was cut from the child care subsidy program as part of Governor Johanns' line-item budget vetoes. As a result, eligibility for child care subsidy assistance was reduced from 185% of the federal poverty level to 120% of the federal poverty level. The changes, which went into affect in the summer of 2002, resulted in approximately 1,500 children from 1,000 families losing child care subsidy assistance.

Economic Well-Being

The general definition of economic self-sufficiency is a family who earns enough income to provide for their basic needs without public assistance. Nebraska Appleseed Center for Law in the Public Interest considers the basic needs budget to consist of food, housing, health care, transportation, child care, clothing and miscellaneous such as necessary personal and household expenses. If a family has the economic ability to provide these essentials without public assistance, they are considered self-sufficient. While it is limited, public assistance is available to families who cannot provide these necessities on their own.[1]

Temporary Assistance to Needy Families (TANF)

Aid to Dependent Children (ADC) remains the title of government "cash assistance" in Nebraska. TANF focuses on non-cash resources and education to foster self-sufficiency among program recipients. Nebraska's Employment First Program was created to assist parents in acquiring and sustaining self-sufficiency within 48 months. Medicaid coverage, child care services and supplements, and job support are all provided through Employment First, cash assistance may be drawn for 24 of the 48 months.

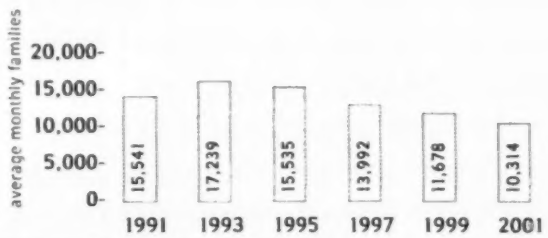
In Nebraska, ADC was provided to a monthly average of 10,314 families totaling $43,068,813, an average of $347.97 per family in 2001. Unfortunately, the maximum ADC payment amounts to approximately 32% of poverty as prescribed by Nebraska law (see poverty guidelines on page 9). These families had 19,548 children. Of the families receiving ADC, 6,159 were also provided Food Stamps. The utilization of ADC had been dropping since a peak of 17,239 families in 1993. While the assumption is that this reduction is due to a decrease in child poverty in Nebraska, some experts disagree. The 2000 United States Census revealed that poverty rates in Nebraska for children did, in fact, drop from 1990 to 2000. However, the 2000 Census represented family income information from 1999, a year of economic prosperity. There is growing concern that the recently released census poverty data is not representative of current economic times.

NEBRASKA CHILDREN IN POVERTY	1990	2000
Percent of Nebraska Children in Poverty	14	12
Percent of Nebraska Children Under Age 5 in Poverty	17	14
Percent of Nebraska Minority Children in Poverty	37	30

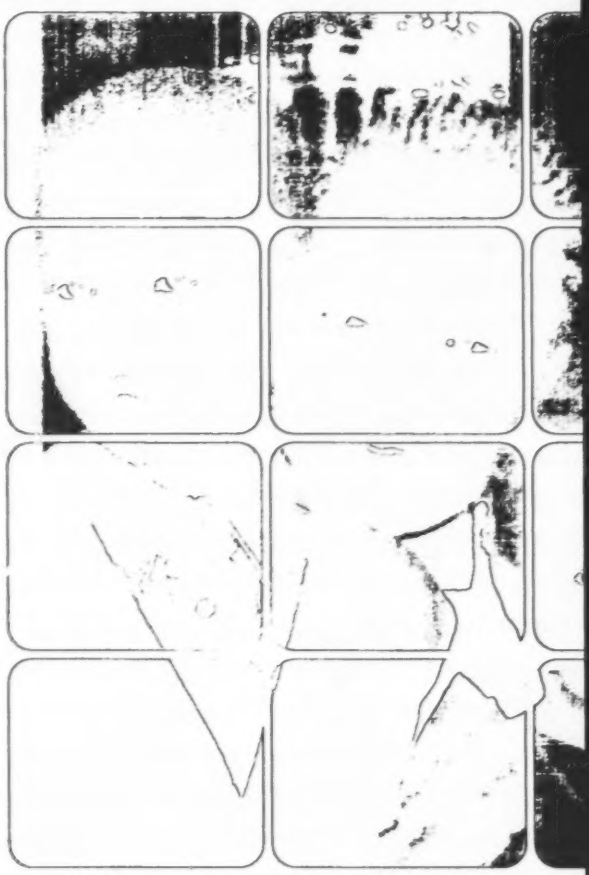
Source: United States Census Bureau

How many Nebraska families with children receive ADC?

1991-2001



Source: HHSS



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Earned Income Tax Credit

In 2001, a total of $143,707,000 was claimed as Earned Income Tax Credit on 90,997 Nebraska tax returns. The federal government created this tax credit in an effort to assist low and moderate-income working families in retaining more of their earned income. Sixteen states have also established State Earned Income Tax Credits, based on a percentage of the federal credit. This has been found to be an effective assistance for low income families. Nebraska has rejected such legislative proposals.

Single Parent Families

Single parent families are less likely to have sufficient support systems and adequate financial sources than two parent families. Shortage of these essential resources has been linked with greater parental stress and, therefore, greater occurrence of child abuse. Research shows that over 50% of our nation's children will spend all or part of their childhood in a single parent household. Forty-five percent of single parent families headed by a woman and 19% of single parent families headed by a man live in poverty, as compared to only 8% of married couples with children under the age of 18.[2] In 2000, the census showed approximately 20% of Nebraska children lived in a single parent headed household.

Divorce and Child Support

Divorce accounts for 46% of all single parent households.[3] In 2001, 6,194 marriages ended in divorce, involving 6,600 children. Child support can be awarded to the custodial parent. Unfortunately, the court awarded child support is not always received by the custodial parent. A parent can request HHSS assistance if they are not receiving the child support that they are owed. HHSS responded to 95,455 of these cases as of September 2001 and collected $16,038,243 on behalf of children who are dependent on Aid to Dependent Children (ADC). On behalf of children whose parents were also owed child support but were not receiving ADC, $140,498,557 was collected.

Of the 3,507 couples with children who divorced in 2001, nearly 70% of the time sole custody was awarded to the mother, in 12% of the cases custody was awarded to the father and in 17% joint custody was awarded to both parents. The remaining custody cases were recorded as "unknown or other."

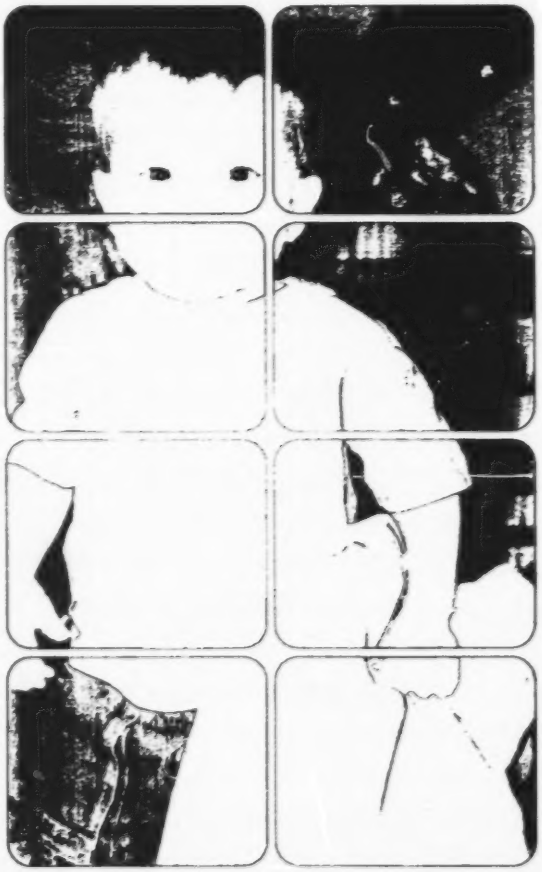
2001 FEDERAL POVERTY GUIDELINES *(at 100% of poverty)*

Size of Family Unit	Gross Annual Income
2	$11,610
3	$14,630
4	$17,650
5	$20,670
6	$23,690

Source: HHSS
Note: The 2000 census estimates that 12% of all Nebraska children and 14% of Nebraska children under 5 live in poverty.

impact box

New research from The Urban Institute shows that one in five or 21.9% of families leaving welfare return within two years. Former recipients with little education, limited work experience, or poor health possess especially high rates of returning to welfare. Fortunately, married former recipients and families receiving transitional supports such as public health insurance, emergency financial help with expenses and child care subsidies are more likely to remain off of welfare. According to Pam Loprest, a researcher at the Urban Institute, "Connecting families to transitional benefit programs and other support services can help secure their exit from welfare. In addition, because many who return to welfare left with jobs, post-employment services targeted at promoting job retention may be particularly effective in keeping them off the rolls permanently."[4]



Caleb, 1

Education

Education requires little introduction. It is common knowledge that children who do well in school are more likely to become successful adults. Generally, the higher the educational level the higher the income. Higher education is often linked to lower divorce rates, lower crime rates and higher job satisfaction.[1]

Christine, 8

High School Graduates

In the 2000-2001 school year, 21,300 Nebraska high school students were awarded diplomas. Nearly 94% of the possible graduation cohort (1997-1998 school year 9th graders) is estimated to have completed high school in 2001. Of these graduates, approximately 90% were white, 3.8% were black, 3.5% were Hispanic, 1.5% were Asian, and .6% were Native American or Alaska Native.

In addition, 4,042 Nebraskans finished their high school education by passing the GED tests. This was a 63% increase over the 2,485 Nebraskans who qualified in 2000. This increase is attributed to an effort of local GED instructional and testing programs to encourage persons who had previously started testing to complete by the end of 2001. According to the Department of Education, partial scores from any previous series could not be combined with the new 2002 GED tests released on January 1, 2002. The new test series reflect the impact of welfare-to-work legislation and the increased emphasis on academic standards in the K-12 community.

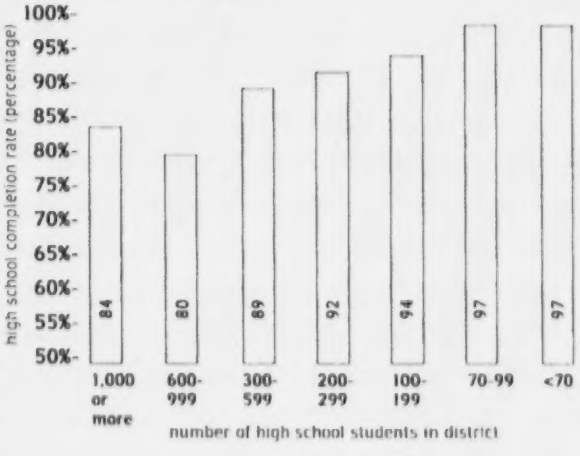
impact box

SMALL SCHOOLS, BIG RESULTS

High school completion and postsecondary enrollment rates increase as school size decreases.

- The proportion of Nebraska students who graduate from high school without dropping out averages 97 percent in districts with less than 100 high school students, compared to the statewide average of 85 percent.
- High school completion rates are lowest for school districts with 600 to 999 high school students, averaging 80 percent.
- Nebraska postsecondary institution enrollment rates are 73 percent for counties that average less than 70 high school students per district, compared to 64 percent for counties that average 600 to 999 high school students per district.
- The percent of students who complete high school and enroll in a Nebraska college is 25 percent higher for counties with the smallest schools compared to those with the largest schools.

High School Completion Rates by School Size

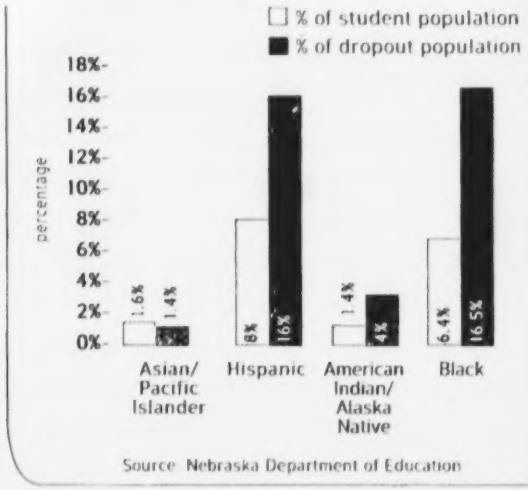


Source: Center for Rural Affairs, Walthill, Nebraska.

School Dropouts

During the 2000-2001 school year, 3,770 of all Nebraska students dropped out of school, 2,200 male and 1,570 female. Minority groups carry higher drop out rates than white students, .6% of white students dropped out of school. While Hispanic students made up 8% of Nebraska students, grades K-12, they comprised more than 16% of the dropouts. Six percent of the students were black but constituted nearly 17% of the total dropouts.

Minority Student and Dropout Populations



Source: Nebraska Department of Education

Expelled Students

During the 2000-2001 school year, 770 Nebraska students, grades 7-12, were offered alternative education in response to expulsion from customary education.

Students must be provided with an alternative school, class, or educational program upon expulsion. In Nebraska, a student can be expelled from a school but not from the school system, allowing for the student to continue their education. Prior to expulsion it is necessary for the student and his/her parents to develop a written plan outlining behavioral and academic expectations in order to be retained in school. Some schools are developing creative and motivating alternative programs to meet the needs of students.

The School Discipline Act of 1994 requires expulsion for students found in intentional possession of a dangerous weapon and/or using intentional force in causing physical injury to another student or school representative.

EXPULSIONS BY RACE AND GENDER 2000-2001

Race/Ethnic Origin	Female	Male	TOTAL
White	97	349	446
Asian/Pacific Islander	3	7	10
Hispanic	17	51	68
American Indian/Alaskan Native	11	23	34
Black	60	152	212
TOTAL	188	582	770

Source: Nebraska Department of Education

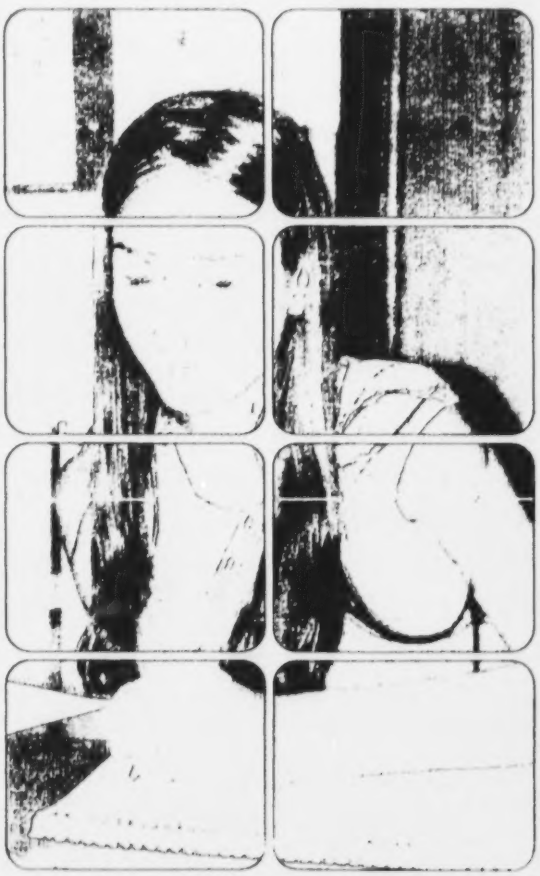
STATEWIDE EXPULSIONS 1989-1990 THROUGH 2000-2001

1989 – 1990 237	1995 – 1996 443
1990 – 1991 235	1996 – 1997 615
1991 – 1992 284	1997 – 1998 663
1992 – 1993 273	1998 – 1999 849
1993 – 1994 209	1999 – 2000 824
1994 – 1995 283	2000 – 2001 770

Source: Nebraska Department of Education

Special Education

During the 2000-2001 school year, 42,793 or 15% of Nebraska students age birth to 21 received special education services based on a count taken on December 1, 2000. It is important for a child's development and education that the need for special education be identified at an early age. There were 4,908 preschool children birth to age 5 with a verified disability also receiving special education services. In the 12 months prior to December 1, 2001, 1,006 students identified with a disability graduated. School districts reported 7,568 students age 16-21 with disabilities.



Diana, 15

Health – Physical and Behavioral

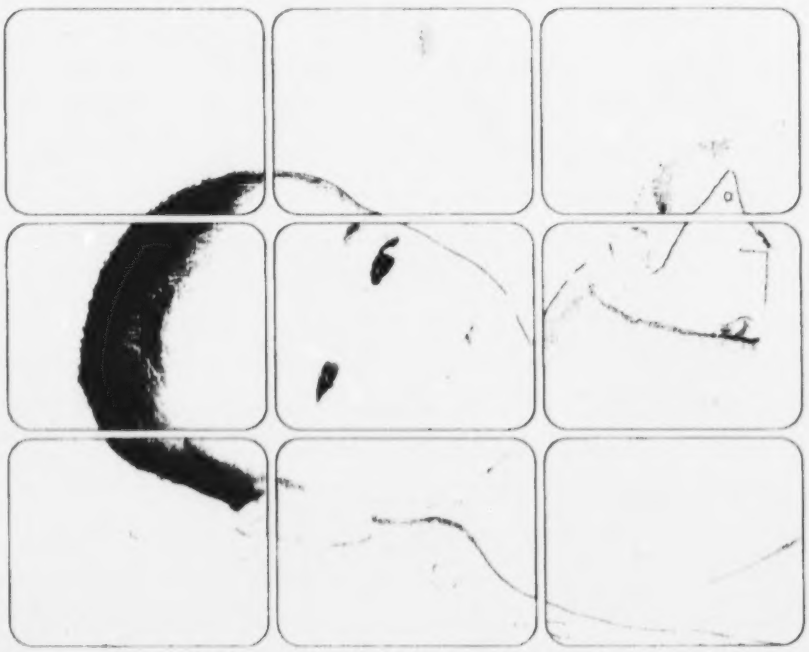
Good health, both physical and behavioral, is an essential element of a productive life. It is no surprise that children who receive preventive health care from the time they're in the womb to the time they reach adulthood become healthier adults.

Birth

In the year 2001, there were a total of 24,818 live births. Nearly 6.7% or 1,655 of these births were low birth weight, while the majority were born healthy. Women ages 10-19 became the mothers of 2,419 or 10% of the babies born. 6,871 or 28% were born to unwed parents and 17% were born to mothers who did not receive prenatal care during their first trimester of pregnancy.

Prenatal Care

According to the Centers for Disease Control and Prevention, nearly one third of American women who give birth will experience a pregnancy-related complication. Early and appropriate prenatal care can detect potential problems and may prevent serious consequences for both the mother and her baby. The Centers for Disease Control and Prevention recommend starting prenatal care as early as possible, even prior to pregnancy. In Nebraska in 2001, 4,260 babies were born to women who did not have prenatal care in the first trimester and 149 received no prenatal care during the entire pregnancy. Over 84% of white, 78% of Asian, 68% of black, 67% of American Indian/Alaskan Native and 68% of Hispanic newborns had mothers who received prenatal care in their first trimester of pregnancy.



Theo, 11 weeks

In 2001, 168 newborns died prior to their first birthday, an infant mortality rate of 6.8 deaths per 1000 of Nebraska's live births. There is a correlation between the health of the mother prior to conception and birth outcomes. Women can take steps to improve the chances of a healthy birth prior to conception by living a healthy lifestyle that includes eating nutritious foods rich with folic acid. Research shows, consuming folic acid prior to and following conception can greatly reduce the likelihood of neural tube birth defects such as spina bifida and anencephaly.

Infant Mortality

Infant mortality rates are frequently used as an indicator of overall human well-being in a community. Although the United States spends more on health care than any other country, it still has a higher infant mortality rate than 21 other industrialized nations.[1] Nebraska has made large strides in lowering it's traditionally high infant mortality rates. In 2001, the infant mortality rate (deaths per 1,000 births), was 6.8, down from 7.2 in 2000. In 2001, 168 children died prior to their first birthday.

Nebraska residents lost 1,787 babies under the age of one from 1992-2001. Birth defects, 24% of deaths, were the number one cause of infant death in Nebraska in 2001, while 16% were attributed to Sudden Infant Death Syndrome (SIDS). Infant mortality rates are generally higher for minority populations. In 2001, white Nebraskans experienced an infant mortality rate of 6.5; while blacks experienced a rate of 10.2, Native Americans 16.2, and those of Hispanic origin had a rate of 6.8. The black infant mortality rate declined from 20.4 in 2000 to 10.2 in 2002.

Low Birth Weight

The highest predictor of death and disability in the United States is low birth weight. A newborn weighing below 2,500 grams or 5.5 pounds is considered of low birth weight and a newborn weighing less than 1,500 grams or 3.3 pounds is considered of a very low birth weight. In Nebraska, 1,655 of newborns were of low birth weight (6.7%), 1.3% or 322 were born with a very low birth weight.

Currently, smoking is attributed to close to one-fifth of all low weight births and is the single most known cause of low birth weight. If no pregnant woman smoked cigarettes, up to 20% of all low birth weight births could be prevented. Other factors related to low birth weight are low maternal weight gain, low prepregnancy weight, maternal illnesses, fetal infections and metabolic and genetic disorders, lack of prenatal care and premature birth.[2]

Births to Teens

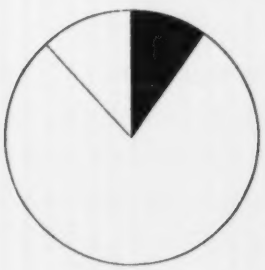
While teen birthrates have been falling in the United States, the Nation has the highest teenage pregnancy rate of all developed countries.[3] Research shows having children as a teenager can limit a young woman's educational and career opportunities, increases the likelihood that she will need public assistance and can have negative effects on the development of her children.[4] In Nebraska, 2,419 babies were born to girls age 19 and under in 2001. Across a 10 year span, 8,342 were born to mothers under age 18. Of the 785 babies born to teen mothers ages 10-17 in 2001, 589 had white mothers, 134 were born to black mothers, 40 had Native American mothers, 7 were born to Asian mothers and 175 of the babies were born to mothers with Hispanic ethnicity.

TEEN BIRTHS BY AGE OF TEEN 2001

- age 13 (9 births) .4%
- ages 14 and 15 (104) 43%
- ages 16 and 17 (672) 28%
- ages 18 and 19 (1,634) 68%

Source: Vital Statistics, HHSS

BIRTHS BY AGE OF MOTHER 2001



- ages 10 - 19 (2,419) 10%
- ages 20 - 34 (19,457) 78%
- ages 35 and up (2,942) 12%

Source: Vital Statistics, HHSS

Out-of-Wedlock Births

The risk of having children with adverse birth outcomes, such as low birth weight and infant mortality are greater for unmarried mothers than for married mothers. Children born to single mothers are more likely to live in poverty than children born to married couples.[5] The likelihood that a mother will be married upon the birth of the child increases with the age of the mother. In 2001, 90% or 709 of the mothers age 17 and under were not married upon the birth of their child.

Bethany, 14 and Joseline, 13

Immunizations

The national goal set by the U.S. Centers for Disease Control and Prevention (CDC) is that 90% of all children be fully immunized (except for preschool boosters) by the age of two. According to the National Immunization Survey for 2001, 78.9% of Nebraska two-year-olds have received four DPT (diptheria-tetanus-pertussis shots), three polio shots, one MMR (measles-mumps-rubella shot), three HIB (H. influenza type b), and three Hepatitis B. immunizations. The U.S. national average was 73.7%. In Nebraska, Varicella (children pox) vaccine rates increase from 61.3% in 2000 to 69.1% in 2001. The U.S. national average for varicella vaccine was 76.3%.

There were 11 cases of pertussis (whooping cough) reported in Nebraska in 2001. This is a decrease of 21 cases of pertussis from the 32 reported occurrences in 2000. From 1993-2001 there have been 155 cases total in Nebraska. Generally the disease does not have a strong effect on older children or adults however, it can be easily passed to young children who may end up hospitalized or worse. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children.

Child Deaths

Close to half of child deaths are attributed to accidents in Nebraska. In 2001, 34% of the 169 total child deaths, children age 1 – 19, were due to motor vehicle accidents and 10% were due to non-motor vehicle accidents. Eleven child deaths were attributed to cancer, 19 children were lost to suicide and 6 to homicide in 2001. According to the 2002 National Kids Count Data Book, Nebraska is ranked 32 out of 50 states and the Virgin Islands for the rate of teen (ages 15 – 19) deaths by accident, homicide and suicide. Substance abuse is often associated with deaths due to suicide and homicide.

SELECTED CAUSES OF DEATH, BY FREQUENCY AGES 1-19 IN NEBRASKA, 1992-2001

CAUSES	FREQUENCY
Motor Vehicle Accidents	604
Non Motor Vehicle Accidents	257
Suicide	169
Homicide	140
Cancer	127
Birth Defects	65
Heart	65
Infectious/Parasitic	36
Asthma	24
Pneumonia	21
All Other Causes	157
TOTAL	**1,780**

Source: HHSS

policy box

In a special budget-cutting session of the Nebraska Legislature in August 2002, drastic changes were made to the Kids Connection health insurance program, resulting in more than 15,000 Nebraska children losing health care coverage. These changes include:

- Reducing the standard income disregard from 20% of gross income to a flat $100,
- eliminating 12-month continuous eligibility and replacing it with an initial 6-month eligibility with month-to-month eligibility thereafter,
- reducing transitional medical assistance following ADC eligibility from 24 months to 12 months, and
- eliminating a practice referred to as "stacking," where a family's total eligible income for Medicaid was calculated by breaking the family unit into smaller eligibility units.

Families affected by the reduction in childcare subsidy eligibility may also be affected by the Kids Connection changes.

MEDICAID ELIGIBLES 2001

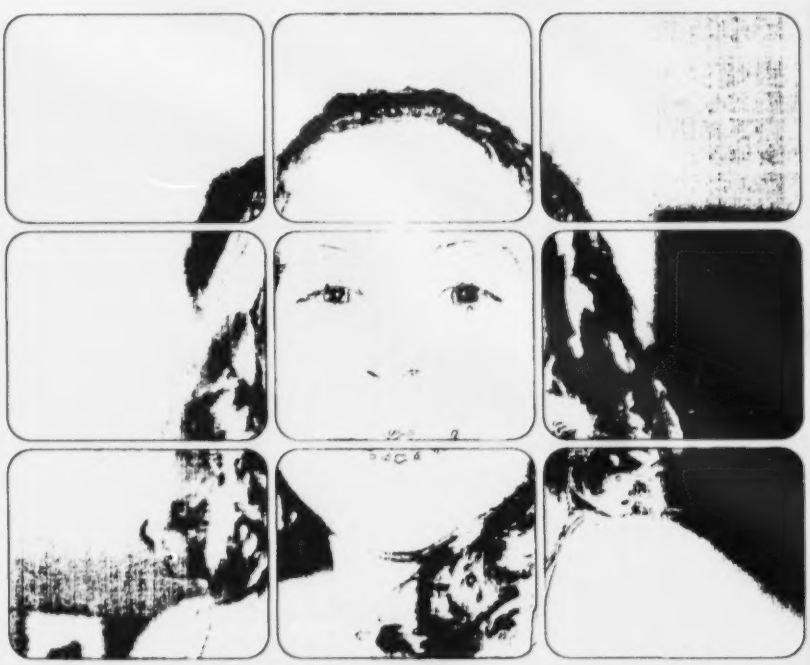
- ☐ 63.8% children
- ☐ 9.5% aged
- ■ 13.5% ADC adults
- ☐ 13.2% blind and disabled

Source: HHSS

MEDICAID VENDOR EXPENDITURES BY 2001
TOTAL: $1,028,002,291

- ☐ 38% blind and disabled ($386,050,043)
- ☐ 31% aged ($316,429,477)
- ■ 24% children ($250,070,388)
- ☐ 7% ADC adults ($75,452,383)

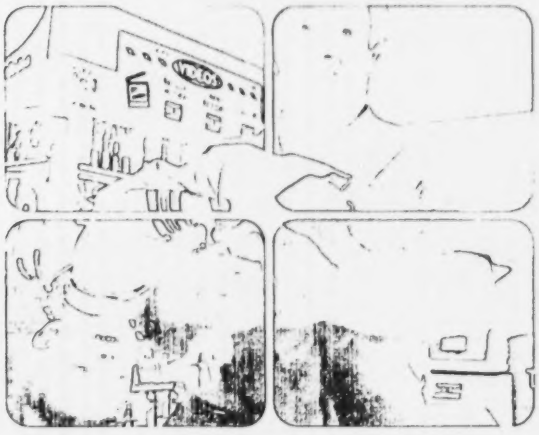
Source: HHSS



Candace, 15

Justin's Story

The father of four children ranging in age from 25 to 5, Jack farms and raises livestock. His wife Karen is currently disabled with a heart condition. The family had health insurance through an independent provider, but the insurance company pulled out of Nebraska and left the family with no other health coverage options. That's when Karen read about Kids Connection in a pamphlet given to her by a Head Start teacher. The couple completed the paperwork and soon were approved for coverage.



Not long after enrolling their son Justin, the five-year-old developed a strange bump on his forehead. The local doctors were unable to diagnose the problem. The bump kept growing larger. A number of specialists, including a neural surgeon, saw Justin, but none had seen this condition before in their years of practice.

He was finally diagnosed with Langerhans Cell Histiocytosis. There is no treatment for the disease, other than removing the growth. The rare disease occurs only once in every 200,000 children. Seventy-five percent of cases occur before children reach their tenth birthday.

The doctors removed the growth. Once they removed the mass, they found a hole in Justin's skull the size of a quarter that had to be filled in with bone cement. Reconstructive surgery was also necessary.

Without Kids Connection, Jack and Karen speculate that they would have lost their home, their farm and all their possessions. The medical bills would have ruined the family financially and emotionally.

Justin has recovered very well from his disease. Since he was released from the hospital, he hasn't even had as much as a low-grade fever. He does complain about some mild pain and itching in his forehead, but will be going back for a checkup in a few weeks to see if there are any signs of recurrence. The doctors are hopeful; once Langerhans Cell Histiocytosis growths are removed, they usually do not come back.

"I don't know what we would have done without Kids Connection. We just don't want other people to go through what we went through. No parent should have to worry about how they're going to pay for something like this. You have enough to worry about when your kid is sick," Karen said.

Story by Kori Radloff

Kids Connection Enrollment by Age, December 2001

Age	Number Enrolled
Less than one year	12,960
1-5 years	42,099
6-14 years	56,973
15-18 years	19,003
TOTAL	**131,035**

Source: HHSS

Access to Health Care

Uninsured children tend to live in employed families which do not have access to insurance. Most often in these cases the employer does not offer insurance, the insurance offered is too expensive or the insurance does not cover all of the necessary medical needs of the family. Many of these uninsured children are eligible for Kids Connection. Kids Connection provides free health care coverage for children living in families at or below 185% of the federal poverty level. Kids Connection includes both the Children's Health Insurance Program (CHIP) and the Nebraska Medical Assistance Program (Medicaid). Kids Connection provided health coverage for 131,866 Nebraska children in 2001, just shy of 30% of all Nebraska children 18 and under. Before Kids Connection took effect in 1998, HHS estimated 24,000 Nebraska children were without health coverage and living in families with incomes below 185% of the poverty level. From September 1998 through December 2001, enrollment in the Kids Connection program increased by 44,096.

Blood Lead Levels

In 2001, 14,458 children were reported having been tested for elevated blood lead levels and 554 were considered to have levels in the range where detrimental effects on health have been clearly demonstrated. Increased behavioral problems and significant detrimental physical and cognitive development problems can be attributed to elevated blood lead levels. Lead poisoning can be fatal. Blood lead testing is recommended for all children at 12 to 24 months of age.

Children are commonly exposed to lead through lead-based paints often present in houses built prior to 1950. Some homes built as recently as 1978 may also contain lead-based paint. The best way to protect children who are at risk by living in homes with lead-based paint is to maintain freshly painted walls to avoiding chipping and peeling of the paint. It is also beneficial to keep these areas clean and dust free.

Mental Health and Substance Abuse Treatment

The Nebraska Health and Human Service System (HHSS) funds some mental health and substance abuse services for children. Children who utilize these services are most often from lower income Nebraska families or are involved in the court system. Services paid for by private insurance are not included in the data and therefore the total is an underestimate of the number of children provided these services.

Regional Centers

The Lincoln Regional Center (LRC) served 364 Nebraska youth. Seventy-six were served in their inpatient psychiatric program, 72 youth in the Adolescent Psychiatric Residential Program. 188 youth received service from the Adolescent OJS Program and 28 youth received services from the LRC Adolescent Sex Offender Community Residential Program. There is some overlap in youth served among LRC programs and therefore a total number of unduplicated youth served is unavailable. During fiscal year 2001, the Hastings Regional Center opened a program providing substance abuse treatment services for youth served at the Youth Rehabilitation and Treatment Center (YRTCs). During the fiscal year, 70 youth were served in this program. Hastings also served 12 youth in the psychiatric unit. Four youth, age 18, were served at the Norfolk Regional Center in 2001. Youth are referred to regional centers by youth rehabilitation and treatment centers.

Community-Based Services

Publicly funded services available through community-based organizations include out-patient programs with counseling for mental health and/or substance abuse, substance abuse prevention, partial care and halfway house services, mental health day treatment, emergency psychiatric service and therapeutic group home services.

Mental Health and substance abuse services through community-based programs were received by 3,544 Nebraska children ages 0 – 18 in 2001. Out of those children 2,625 received mental health services only, 824 received substance abuse services only and 95 received both mental health and substance abuse service. Program information from Magellan is not representative of all mental health services provided to Nebraska children. The Professional Partner Program served 730 children considered to have serious emotional disturbance, according to Magellan.

Youth Risk Behavior Survey

Developed by the National Centers for Disease Control and Prevention and prepared by Nebraska Health and Human Service System (HHSS) the Youth Risk Behavior Survey (YRBS) includes self-reported health information from a sample of Nebraska 9 – 12 graders in 2001. The goal of the report is to determine and reduce common youth health risks, increase access and delivery to health services, and positively affect the often risky behavioral choices of youth. There are six categories of health risk behaviors included in the YRBS survey:

- Behaviors that result in unintentional and intentional injuries
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies
- Dietary behaviors
- Physical activity

Source: The 2001 Youth Risk Behavioral Survey of Nebraska Adolescents

The 2001 Youth Risk Behavioral Survey of Nebraska Adolescents Highlights

Alcohol and Other Drugs

Unfortunately, other surveys support the YRBS finding that alcohol is heavily used by youth in Nebraska. Fifty-three percent of the students surveyed are considered by the YRBS to be currently using alcohol, as they had consumed alcohol in the last 30 days prior to the survey and 39% had reported episodic heavy drinking in that same time period. The report goes on to say that youth alcohol use is associated with increased occurrence of unprotected sex and sex with multiple partners, marijuana use, lower academic performance and fighting. Some of the other drugs youth utilized at least once during their lifetime were marijuana (19%); inhalants such as glue, paints, or aerosols (11%); methamphetamines (6%); and cocaine (5%).

Tobacco

In Nebraska, 31% of the students surveyed report that they currently smoke cigarettes and 15% smoke cigars, cigarillos, or little cigars — 15% smoked on 20 or more days in the month prior to the survey. Ten percent chewed tobacco or snuff at least once in the past 30 days.

Motor Vehicle Crashes and Seat Belt Use

The leading cause of Nebraska death among youth age 15-24 is automobile crashes. According to the YRBS, 44% of students reported in the past 30 days riding in a vehicle driven by someone who had been drinking alcohol and 25% had driven a motor vehicle themselves in the past 30 days one or more times, when they had been drinking alcohol.

Teen Sexual Behavior

Forty-three percent of the adolescents surveyed reported that they had experienced sexual intercourse at least one time in their life, an increase of 4% over 1999. Thirty percent of the adolescents who reported having had sexual intercourse used alcohol or drugs prior to their last sexual intercourse experience. The majority of these teens, 59%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or becoming pregnant. Thirty percent of the respondents reported having had sexual intercourse with one or more people in the past three months, and 11% had experienced intercourse with four or more people during their life.

Obesity, Diet, and Physical Activity

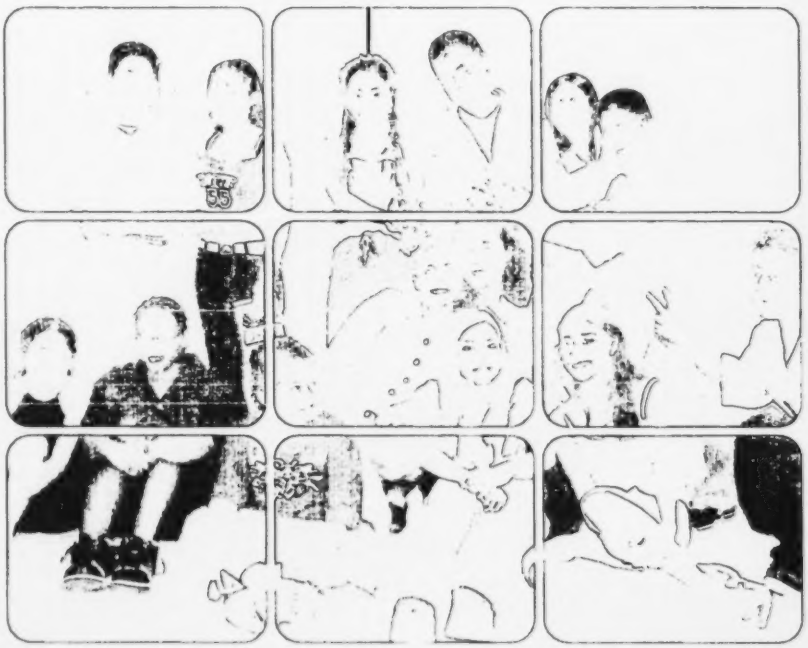
The YRBS student respondents were requested to include their height and weight measurements on their surveys. In 2001, 30% of students reported being either slightly or very overweight. However, only 20% were actually considered to be overweight or at risk of becoming overweight based on their Body Mass Index (BMI). Thirty seven percent of the females surveyed described themselves as overweight, however only 16% were at risk of becoming overweight or were overweight according to the BMI. Males appeared to have more accurate perceptions of their weight, 24% described themselves as slightly or very overweight while 25% were overweight or at risk of becoming overweight, based on their BMI. Although only 16% of the female students met the BMI criteria for overweight or at risk of becoming overweight, 65% of the females surveyed reported that they were trying to lose weight at the time of the survey. Twenty-five percent of the males surveyed were also trying to lose weight at the time of the survey.

Thirty-two percent of the students reported that they did not participate in sufficient vigorous physical activity and 72% did not participate in sufficient moderate physical activity. Twenty-six percent of the students reported insufficient levels of physical activity on the 30 days preceeding the survey. Eighty-two percent ate less than five servings of fruits and vegetables per day during the seven days prior to the survey and 77% reported that they did not regularly consume milk during the seven days preceeding the survey.

Sydney, 18 months

Juvenile Justice

A youth can find himself or herself involved with the juvenile justice system for behaviors ranging from truancy to homicide. Family problems such as domestic violence or poverty, mental health issues and self-esteem can all be factors that send a juvenile down the road to trouble. Our responsibility as adults is to insure that once a youth has entered the system, he or she has resources such as adequate mental health treatment and educational experiences that will lead to success.



Action Packed South

Juvenile Arrests

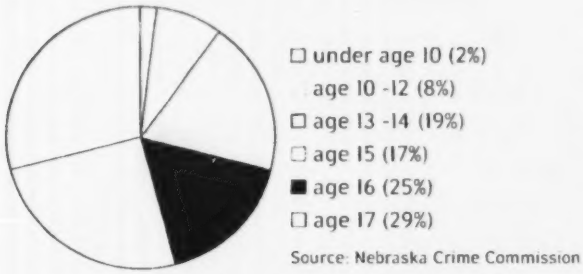
In 2001, 17,063 Nebraska juveniles were arrested, a 9% decrease from last year. While female juvenile offenders comprise 30% of all juvenile arrests, they outnumber male offenders in two main offenses: runaways and prostitution/commercialized vice. Male offenders make up 70% of all juvenile arrests.

SELECTED NEBRASKA JUVENILE ARRESTS BY OFFENSE AND GENDER 2001

OFFENSE	MALES	FEMALES	TOTAL
Larceny – Theft	2,205	1,520	3,725
Liquor Laws	1,596	1,040	2,636
All Other Offenses	1,794	669	2,463
Misdemeanor Assault	1,320	603	1,923
Drug Abuse Violations	1,217	291	1,508
Vandalism – Destruction of Property	977	170	1,147
Weapons: Carrying, Possessing, etc.	179	12	191
Felony Assault	97	28	125
Sex Offense (except forcible rape & prostitution)	113	2	115
Arson	89	10	99
Robbery	67	5	72
Forgery & Counterfeiting	34	18	52
Forcible Rape	12	0	12
Prostitution	2	3	5
Murder & Manslaughter	1	0	1

Source: Nebraska Crime Commission

JUVENILE ARRESTS BY AGE 2001



Source: Nebraska Crime Commission

Probation

In 2001, 5,769 of Nebraska juveniles were on probation. This is a decrease of 187 juveniles from those on probation in 2000. Statewide, 2,866 youth satisfactorily completed probation. Of these youth, 10 were adjudicated for homicide, 344 were adjudicated in adult courts and 99 were supervised for sex offenses. According to the Nebraska Probation Management Information System, from 2000 to 2001 the number of misdemeanor juvenile cases decreased 5.6% and the number of felony cases also decreased 9%. The number of juvenile offenders supervised decreased by 7.5%.

Youth Rehabilitation and Treatment Centers (YRTC)

The two Youth Rehabilitation and Treatment Centers in Nebraska are located in Kearney (established for males in 1879) and Geneva (established for females in 1892). The YRTC Kearney mission is: To provide each youth with the supervision, care and treatment that affords him the opportunity to become law-abiding and productive citizens. The YRTC in Geneva's mission is: To protect society through the various component areas that will help each youth to substitute socially acceptable behavior for previous delinquent conduct. There were 567 males in Kearney and 151 females in Geneva for a total of 718 youth in YRTC care from July 2000 – June 2001, a decrease of 41 total YRTC commitments from 1999 – 2000.

Geneva provides for an average of 98 females per day. The average female committed to Geneva in 2000 – 2001 was 16 years old at admission and remained there 8 months. The top offenses that resulted in a Geneva commitment were assault (36), parole violations (35) and theft (30). The majority of females placed at YRTC Geneva were Caucasian (58%), 20% were African American, 14% were Hispanic, 7% were Native American and 1% were Asian.

YRTC Kearney had an average daily population of 249 in 2000 – 2001, a rise of 26 over the previous year. Males at Kearney remained an average of 153 days (approximately 5 months) and over 50% were 16 - 17 years of age. Most young men committed to Kearney were white (62%), 14% were black, 15% were Hispanic, 6% were Native American, .9% were Asian and 2% were classified as "other." The major offenses committing males to YRTC Kearney were theft (25%), assault (20%) and auto theft (11%).

Adult Jail and Parole for Juveniles

In 2001, 70 Nebraska youth under the age of 18 were processed through the adult system and housed in adult prisons. Of these juveniles, roughly 26% were incarcerated for robbery, burglary or theft while the remaining were held for drug offenses, weapon offenses, sex offenses, homicide and other crimes. Six youth were held for 1st or 2nd degree murder and manslaughter in 2001. Studies show trying juveniles in adult court has not been found to be an effective intervention in reducing juvenile crime, however it is used nationally. "Youth in the adult system are more likely to recidivate – and to recidivate more quickly and with serious offenses – than youth who are prosecuted through the juvenile system."[1]

Action Packed South

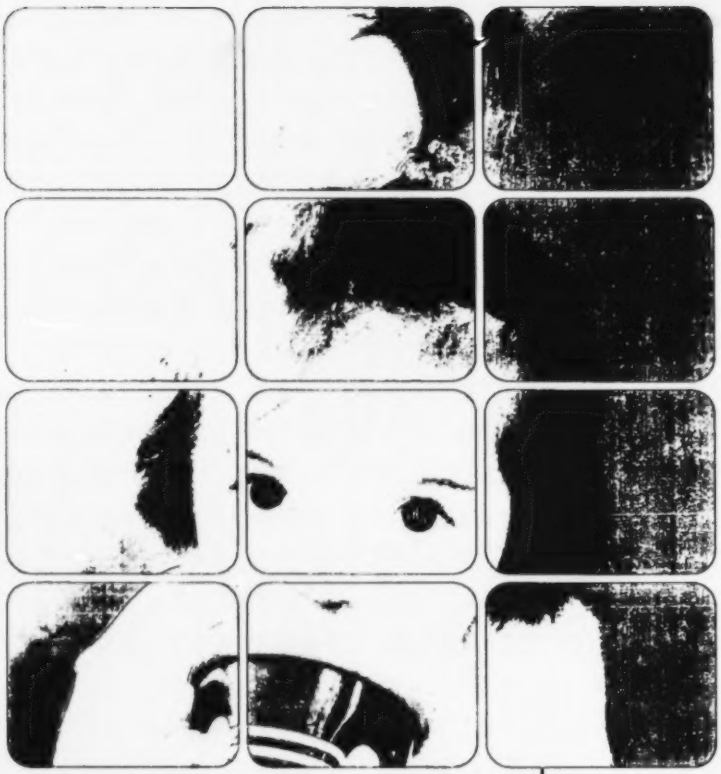
Action Packed South is a program of Campfire USA located in South Omaha. The teens are offered a safe and exciting learning environment twice a week during both the school year and for nine weeks during the summer months. Each semester and summer the teens are challenged to meet an educational goal that will be rewarded by a point system. Those who acquire the necessary points are allowed to go on a field trip, often out-of-town. This summer's trip landed the successful participants in Chicago.

Action Packed South has the right balance of fun (to entice the teens), safety and education (to entice the parents and the community). "I plan to participate as long as I am allowed. It keeps me out of trouble." said Jaynita, a four year member of the group. In accordance with many studies that identify the hours after school as a risky time for unsupervised teens, Jaynita feels that without an afterschool and summer program to keep her active and involved she might participate in risky behaviors, such as substance use and criminal activity, like some of the youth in her neighborhood.

In addition to providing structured activities to keep the teens off of the streets, the Campfire program monitors participants' grades, emphasizes community service and provides opportunities such as job shadowing. Felix, a five year member of Action Packed South, stated "You can do all kinds of different things. There's something here for everybody!"

Nutrition

Nutrition serves as the foundation for children's health, academic achievement and overall development. Undernutrition can inhibit a child's ability to focus, absorb information and exhibit appropriate behavior in school and at home. Good nutrition can prevent illnesses and encourage proper physical growth and mental development. Supplemental feeding programs that include access to nutritious foods and offer education can assist families in providing healthy food for their children.



Victoria, 2

USDA Nutrition Programs

Food Stamps

Food Stamps are coupons provided by the USDA to aid families that have incomes at or below 130% of poverty in maintaining a low-cost and healthy diet. Nebraska Health and Human Services (HHS) distributed Food Stamps to 80,700 persons or 35,034 households monthly in Nebraska in 2001, an average of $148.12 per household and $64.30 per person totaling $62,270,481. There were 42,434 children ages 0 - 17 found eligible to receive Food Stamps.

School Lunch

Families are eligible for free or reduced price lunches based on their income level through the USDA School Lunch Program. Families must have an income at or below 130% of poverty to receive free lunch and at or below 185% of poverty to receive reduced price meals. Through this program the USDA subsidizes all lunches served in schools. During the 2000 – 2001 school year 460 school districts offered school lunches in a total of 980 Nebraska schools. An average of 77,714 children received free and reduced price lunches. Unfortunately, 93,914 children were found income eligible for free and reduced price lunches leaving 16,200 eligible children without access to school lunch. A total daily average of 208,639 children participated in the school lunch program in Nebraska.

School Breakfast

The USDA provides reimbursements to schools for breakfast as they do for lunch. During the 2000-2001 school year 443 schools in 162 districts participated in the school breakfast program. An average of 35,910 students benefited from the breakfast program. An average of 22,103 students received free breakfast while 3,903 students were charged a reduced price for their school breakfasts. A total of $33,824,071 was spent for all breakfast and lunches in fiscal year 2001.

policy box

Legislative Bill 200 would have imposed a state and local sales tax on food to raise funds for possible teacher pay increases. Low-income individuals would have been allowed to receive an income tax credit to help offset the increased sales tax. Voices for Children opposed this bill due to the increase in food costs to working families it would have caused. This bill was indefinitely postponed in 2001.

Summer Food Service Program (SFSP)

During the summer months children may not get the nutrition that is available to them during the school year through the USDA school meal programs. The USDA Summer Food Program was created to meet the nutritional needs of children and low-income adults during the summer. A total of 7,328 children participated in the SFSP in 2001. Only 17 of the 93 counties offer the SFSP, an increase over the 14 counties who participated in 2000. Due to the sites that offer two meals daily the actual unduplicated number of child participants may be lower than the total given as one child may be counted twice for receiving both breakfast and lunch daily.

Commodity Distribution Program

The USDA purchases surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens and pantries. In 2001, 74,445 Nebraska households were served through the Commodity Distribution Program, an average of 6,204 households per month. A monthly average of 43,759 meals were served in soup kitchens through this program, totaling 525,111 meals.

Child and Adult Care Food Program

In 2001, an average of 9,635 daily lunches were provided in child and adult care centers and 15,689 in homes through this food program.

Commodity Supplemental Food Program (CSFP)

Women who are pregnant, breast-feeding and postpartum or families with infants and children to age 6 who are at or below 185% of poverty are eligible for the USDA Commodity Supplemental Food Program. The program provides surplus commodity foods such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula and cereal to eligible participants. A monthly average of 1,243 women, infants and children were served by CSFP totaling 14,916 food packages for fiscal year 2001. Seniors age 60 or older who are at or below 130% of poverty may also participate in the program. Seniors received 147,552 food packages averaging 12,296 per month. There are 46 CSFP distribution sites serving all 93 counties.

impact box

ADVERSE CONSEQUENCES OF HUNGER AND FOOD INSECURITY FOR CHILDREN

HEALTH
- Poorer overall health status and compromised ability to resist illness
- Elevated occurrence of health problems such as stomachaches, headaches, colds, ear infections and fatigue
- Greater incidence of hospitalizations

PSYCHOSOCIAL AND BEHAVIORAL
- Higher levels of aggression, hyperactivity and anxiety as well as passivity
- Difficulty getting along with other children
- Increased need for mental health services

LEARNING AND ACADEMIC
- Impaired cognitive functioning and diminished capacity to learn
- Lower test scores and poorer overall school achievement
- Repeating a grade in school
- Increased school absences, tardiness and school suspension

Source: Center on Hunger and Poverty

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. WIC served an average of over 7.3 million participants per month through 10,000 clinics nationwide in 2001. WIC provides supplemental foods such as milk, juice, cheese, eggs and cereal to Nebraska's pregnant, postpartum and breastfeeding mothers, infants and children up to age five who have a nutritional risk and meet the income guidelines of 185% of poverty. Parents, guardians and foster parents are encouraged to apply for benefits. The Nebraska WIC Program served 57% of the estimated income eligible persons for 2001 based on average monthly participation. Of the 25,043 babies in Nebraska in 2001, 35% (8,709) were on WIC. Participation has been fairly steady over the past four years (1997 – 2000); however, it has recently experienced significant increases beginning in June 2001. Average participation per month was 33,797 (8,253 women, 8,709 infants and 16,835 children) in 2001. Studies have shown Medicaid costs were reduced on average between $12,000 and $15,000 per infant for every very low birth-weight (less than 1500 grams) prevented. Costs for food benefits and nutrition services average approximately $600 per year for a pregnant woman on WIC. WIC children demonstrate better cognitive performance. Participation in the program helps ensure children's normal growth, reduce levels of anemia, increase immunization rates, improve access to regular health care and improve diets.

NE WIC PARTICIPATION BY CATEGORY FOR FEDERAL FISCAL YEAR 2001

Breast Feeding Women	1,944
Postpartum Women	2,692
Pregnant Women	3,617
Infants	8,709
Children	16,835
Total	33,797

Source: HHSS

WIC PARTICIPANTS

Year	Average Monthly Program Participants
1990	20,641
1991	25,915
1992	28,714
1993	31,885
1994	33,592
1995	35,059
1996	35,376
1997	32,351
1998	31,107
1999	32,379
2000	32,194
2001	33,797

Source: HHSS

Out-of-Home Care

Nebraska children may be placed in out-of-home care as a result of parent/guardian abusive or neglectful behavior or their own delinquent or uncontrollable behavior. Nebraska Health and Human Services (HHS) is responsible for most of the children in out-of-home care because they are court ordered into care as wards of the state. There are a small number of children placed in out-of-home care who are not considered wards of the state. A child in out-of-home care may reside in a variety of placements such as foster homes, group homes, residential treatment facilities or juvenile correction facilities.

State Foster Care Review Board (FCRB)

In 1982, the FCRB was created as an independent agency responsible for reviewing the plans, services, and placements of children who have been in out-of-home care for six months or longer. These reviews fulfill federal IV-E review requirements. A crew of more than 350 trained citizen volunteers serve on local FCRB boards to engage in this important review process. Completed reviews are shared with all case involved legal parties. The FCRB also has an independent tracking system for all children in out-of-home care, and regularly disseminates information on the status of Nebraska children in out-of-home care. With the exception of the approved and licensed foster care home data, all of the data in this section was provided by the FCRB through their independent tracking system.

How Many Children Are in Out-of-Home Care?

In 2001, there were a total of 11,518 Nebraska children in out-of-home care, an all time high. On December 31, 2000, there were 6,286 children in out-of-home care, during the year 5,232 entered care while 4,810 exited leaving 5,559 children in care on December 31, 2001. Of the 5,232 children who entered care in 2001, 2,994 or 57% were placed in out-of-home care for the first time and 2,238 for the second or more times. Of the 5,559 children on December 31, 2001, 4,924 were HHS wards.

Neglect is the most commonly recorded cause for removal of a child from the home of their parent(s) or guardian(s). Neglect has several forms that range from outright abandonment to inadequate parenting skills which affect child well-being. The child's behavior is the second most prevalent cause of placement followed by physical abuse.

REASONS CHILDREN ENTERED OUT-OF-HOME CARE IN 1997 - 2001

Reason	1997	1998	1999	2000	2001
Neglect	3,252	4,203	4,038	3,297	4,119
Child's Behaviors	1,070	909	1,120	796	1,124
Parental Substance Abuse	843	949	879	779	1,097
Physical Abuse	853	1,081	1,050	801	908
Child's Physical or Emotional Needs	157	453	495	430	518
Sexual Abuse	422	459	396	306	494
Other	464	386	406	320	376
Emotional Abuse	41	303	301	226	290

'Up to three reasons are allowed for each child, therefore, the numbers may be duplicated.
''Children reviewed had been in care 6 months or more
Source: State Foster Care Review Board

& Adoption

There are a variety of placement possibilities for children in out-of-home care. Of the 5,559 children in care on December 31, 2001, there were 2,392 (43%) in foster homes, 1,195 in group homes or residential treatments centers, 690 placed with relatives, 573 in jail/youth development center, 211 in adoptive homes not yet finalized and 126 in emergency shelter. The remaining children were involved in Job Corps/school, centers for the disabled, psychiatric, medical, or drug/alcohol treatment facilities, or child caring agencies. Lastly, 112 were runaways/whereabouts unknown and 45 were living independently as they were near adulthood.

Andrew, 11

Licensed and Approved Foster Homes

In June 2001, there were 1,769 licensed foster homes, an increase of 241 licensed homes over June 2000. The number of approved foster homes has decreased from 1,861 in 2000 to 1,630 in 2001. Licensed foster homes are required to pass background checks consisting of reference checks, a local criminal record check, and child abuse registry checks. These providers must also participate in a series of interviews and complete initial and ongoing training. On the other hand approved providers are usually relatives or individuals who have known the child or family prior to placement and are not required to pass the same approval process as licensed providers. Approved providers may provide care for the child or children from one family only. Approved providers must pass an in-home evaluation, a child abuse registry check, and local criminal record check.

Lack of Foster Care Homes

According to HHS, a total of 3,399 approved and licensed homes were available in Nebraska in 2001. Foster care providers are desperately needed for individual homes and are the most ideal and least institutionalized environment for children placed in out-of-home care.

If you are interested in making a difference in a child's life by becoming a foster parent, please call 1-800-7PARENT for information.

Multiple Placements

Unfortunately, it is typical for a child to be moved repeatedly while in out-of-home care. The FCRB tracking system counts each move as a placement; therefore, if a child is placed in a foster home, then sent to a mental health facility, then was placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Again the ideal situation for a child placed in out-of-home care is to experience only one placement creating the consistency recommended for positive child well-being.

NUMBER OF PLACEMENTS EXPERIENCED BY CHILDREN IN OUT-OF-HOME CARE

Number of Placements	In Care on Dec. 31, 1991	In Care on Dec. 31, 2001
4 or more	33.1% (1,724 of 5,210)	56.1% (2,764 of 4,924)
10 or more	8.3% (436 of 5,210)	17.1% (843 of 4,924)

Source: State Foster Care Review Board

Race and Ethnicity

Minority children continue to be over-represented in the Nebraska out-of-home care system. Minority children make up approximately 15% of Nebraska's child population (2000 Census), however they represent more than 31% of children in out-of-home care.

OUT-OF-HOME CARE CHILDREN BY RACE (Dec. 31, 2001)

Race	Percent in Care
White	59.9%
Black	17.9%
Other/not known	8.2%
Native American	6.9%
Hispanic	5.3%
Asian	1.8%

Source: State Foster Care Review Board

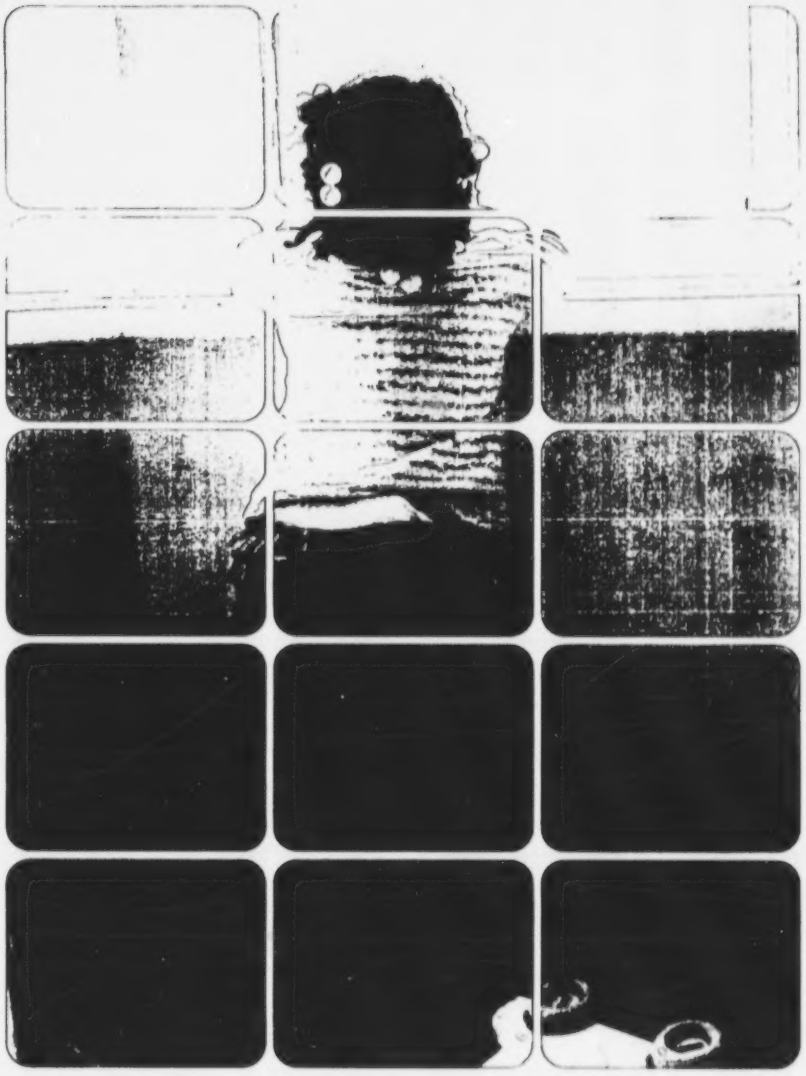
Adoption Services

As adoption is the preferred permanency plan for children who cannot be safely reunited with their biological family; efforts are being made to encourage the adoption of state wards. The Nebraska Foster and Adoptive Parent Association (NFAPA), in conjunction with Nebraska Health and Human Services and Nebraska Public Policy Group, is developing a book of information on adoption and adoption subsidies to be provided to adoptive parents. The NFAPA also sponsored the second annual adoption conference during adoption month (November) 2002, funded by Health and Human Services.

Nebraska received $293,316 in adoption incentive funds as a bonus from the U.S. Department of Health and Human Services and as a part of the Adoption and Safe Families Act of 1997. This incentive money was for an increase in adoption of state wards.

The adoption incentive funds are being utilized to fund the Answers for Family website, video conference training, video training on the Multi-Ethnic Placement Act, recruitment and training of Foster/Adoptive parents and family group conferencing, which is provided with a contract with UNL Center For Children, Families and the Law.

In 2001, there were 289 adoptions of state wards finalized in Nebraska, a 17% increase over 2000. The private adoption agencies did not gather information on adoptions finalized through all of their agencies in 2001.



Anonymous

policy box

Adoption finalization payments were established in 1999, when the Legislature passed LB 482 allowing for every individual or couple who adopt a Nebraska state ward to be paid $1,000 in the year following the finalization and the next four years.

LB 22 passed in the 2002 special budget cutting legislative session eliminated the adoption finalization payment for adoptions finalized on or after October 16, 2002. For adoptions finalized January 1, 2000 through November 15, 2002, the adoptive parents will still receive a payment of $1,000 for each of five years.

County Data Notes

1. TOTAL COUNTY POPULATION

   Source: 2000 U.S. Census of Population and Housing.

2. CHILDREN 17 AND UNDER

   Source: 2000 U.S. Census of Population.

3. CHILDREN UNDER 5

   Source: 2000 U.S. Census of Population.

4. BIRTHS IN 2001

   Source: Nebraska Health and Human Services System (HHSS).

5. MINORITY CHILDREN (ALL CHILDREN MINUS WHITE NON-HISPANIC ONLY)

   Source: 2000 U.S. Census of Population.

6. CHILDREN LIVING IN SINGLE PARENT FAMILIES (SINGLE HEAD OF HOUSEHOLD MAY BE MALE OR FEMALE)

   Source: 2000 U.S. Census of Population.

7. PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES

   Source: 2000 U.S. Census of Population.

8. PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES

   Source: 2000 U.S. Census of Population.

9. PERCENT OF CHILDREN LIVING IN POVERTY

   Source: 2000 U.S. Census of Population.

10. PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY

    Source: 2000 U.S. Census of Population.

11. PERCENT OF MINORITY CHILDREN LIVING IN POVERTY

    Source: 2000 U.S. Census of Population.

12. PERCENT OF MOTHERS WITH CHILDREN UNDER 6 YEARS OF AGE WHO ARE IN THE LABOR FORCE

    Source: 2000 U.S. Census of Population.

13. AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC IN 2001

    Source: HHSS.

14. AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING MEDICAID SERVICES IN 2001

    Source: HHSS.

15. NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE TO PARTICIPATE IN WIC SERVICES IN 2001

    Source: United States Department of Agriculture.

16. NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN 2001

    Source: HHSS.

17. AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 2001

    Source: Nebraska Department of Education.

18. AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR REDUCED PRICE SCHOOL LUNCH 2001

    Source: Nebraska Department of Education.

19. AVERAGE DAILY NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 2001

    Source: Nebraska Department of Education.

20. BIRTHS TO TEENS AGES 10 TO 17 YEARS OLD FROM 1992 TO 2001

    Source: HHSS.

21. OUT OF WEDLOCK BIRTHS FROM 1992 TO 2001

    Source: HHSS.

22. INFANT DEATHS 1992 TO 2001

    Source: HHSS.

23. DEATHS IN CHILDREN AGES 1 TO 19 FROM 1992 TO 2001

    Source: HHSS.

24. NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 2001

    Source: HHSS.

25. HIGH SCHOOL GRADUATES 2001

    Source: Nebraska Department of Education.

26. SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 2000 – 2001

    Source: Nebraska Department of Education.

27. NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 2000 – 2001

    Source: Nebraska Department of Education.

28. COST PER PUPIL (PUBLIC EXPENDITURES) FOR THE SCHOOL YEAR 2000 – 2001

    Source: Nebraska Department of Education.

29. HEAD START ENROLLMENT FOR 2001

    Source: U.S. Department of Health and Human Services, Region VII Office of Community Operations.

30. CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 2001 TOTAL INCLUDES VOLUNTARY, UNREPORTED AND TRIBAL COURT COMMITMENTS NOT INCLUDED IN THE COUNTY BREAKDOWNS.

    Source: Nebraska Foster Care Review Board.

31. REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STD'S IN YEARS 1992 – 2001

    Source: HHSS.

32. JUVENILE ARRESTS 2001

    Source: Nebraska Crime Commission and Omaha Police Department.

County Data

Kids Count 2002 Report

1. TOTAL POPULATION	2. CHILDREN AGES 0-17	3. CHILDREN UNDER 5	4. 2001 BIRTHS	5. MINORITY CHILDREN	6. CHILDREN WITH SINGLE PARENTS	7. % POOR WITH SINGLE PARENTS	8. % POOR TWO PARENTS	9. % CHILDREN IN POVERTY	10. % UNDER 5 IN POVERTY	11. % MINORITY CHILDREN IN POVERTY	12. % WORKING MOM WITH CHILD(REN) UNDER 6	13. FAMILIES ON ADC	14. MEDICAID ELIGIBLE CHILDREN	15. WIC INCOME ELIGIBLE	16. 2001 AVE. MONTHLY WIC PARTICIPATION
ADAMS	31,151	7,616	1,986	385	879	1,434	68	32	10	12	17	76	163	2,310	1,011	663
ANTELOPE	7,452	2,050	447	65	50	270	41	59	17	19	39	80	23	618	503	95
ARTHUR	444	106	23	2	7	15	38	62	15	20	50	83	2	21	33	7
BANNER	819	236	39	3	21	19	31	69	19	8	69	65	1	80	50	11
BLAINE	583	153	32	7	3	8	3	97	22	32	0	69	2	60	32	12
BOONE	6,259	1,822	370	67	43	225	28	72	12	15	18	80	19	384	393	122
BOX BUTTE	12,158	3,420	797	165	677	650	68	32	14	18	37	71	89	1,055	523	283
BOYD	2,438	609	123	21	11	67	21	79	20	16	0	77	5	184	145	49
BROWN	3,525	875	188	32	26	129	45	55	15	22	46	81	6	333	197	80
BUFFALO	42,259	10,566	2,805	589	1178	1,941	71	29	10	14	24	79	188	3,182	1,124	818
BURT	7,791	2,001	441	92	123	339	56	44	12	9	13	77	30	515	378	123
BUTLER	8,767	2,443	599	127	84	330	29	71	10	14	33	75	27	465	282	115
CASS	24,334	6,792	1,699	327	315	1,125	68	32	7	12	5	74	76	1,470	941	294
CEDAR	9,615	2,828	582	99	57	240	23	77	11	8	0	83	9	437	445	101
CHASE	4,068	1,025	227	52	79	155	41	59	11	16	15	71	10	245	248	66
CHERRY	6,148	1,659	380	72	162	295	44	56	13	17	22	75	26	648	466	153
CHEYENNE	9,830	2,587	628	132	243	544	57	43	12	15	31	76	34	710	390	171
CLAY	7,039	1,921	409	68	146	256	40	60	13	16	26	76	29	563	266	134
COLFAX	10,441	3,017	748	178	1085	455	26	74	14	16	21	66	39	640	337	380
CUMING	10,203	2,774	665	111	261	344	34	66	10	14	24	74	23	638	398	196
CUSTER	11,793	3,097	672	141	104	422	36	64	16	20	26	75	49	1,178	456	224
DAKOTA	20,253	6,177	1,772	341	2,473	1,409	67	33	15	17	23	73	101	1,904	733	701
DAWES	9,060	1,918	451	102	260	401	47	53	14	31	32	69	69	844	408	206
DAWSON	24,365	7,120	2,043	419	2,678	1,311	48	52	14	16	21	65	144	2,721	931	1,115
DEUEL	2,098	489	91	22	29	77	42	58	12	13	29	87	6	131	131	24
DIXON	6,339	1,741	405	79	167	260	46	54	12	17	12	78	14	356	282	94
DODGE	36,160	8,922	2,225	447	772	1,816	53	47	10	14	22	73	114	2,359	1,202	746
DOUGLAS	463,585	123,221	34,293	7,721	36,781	30,153	77	23	13	14	31	70	4,806	38,197	14,788	8,603
DUNDY	2,292	534	122	19	39	51	24	76	16	16	31	84	9	147	55	37
FILLMORE	6,634	1,748	387	64	108	231	56	44	8	11	21	76	15	475	213	91
FRANKLIN	3,574	875	186	28	17	144	41	59	17	15	43	74	16	242	138	45
FRONTIER	3,099	806	170	26	13	119	30	70	10	10	10	75	7	166	165	48
FURNAS	5,324	1,285	300	65	55	220	45	55	15	17	44	76	14	426	188	128
GAGE	22,993	5,514	1,355	273	259	970	53	47	10	13	25	83	73	1,500	828	394
GARDEN	2,292	499	83	13	21	86	26	74	22	22	52	79	10	185	88	12
GARFIELD	1,902	447	91	15	19	51	8	92	12	11	0	84	3	183	94	60
GOSPER	2,143	510	111	36	17	53	22	78	11	6	0	78	6	101	71	34
GRANT	747	218	37	2	7	34	50	50	17	21	0	65	1	64	41	19
GREELEY	2,714	731	154	28	31	89	46	54	22	23	0	74	11	267	132	82
HALL	53,534	14,535	4,090	904	3,475	2,996	59	41	16	20	28	73	460	5,404	1,854	1,839
HAMILTON	9,403	2,733	629	116	96	377	51	49	10	10	37	78	27	518	305	123
HARLAN	3,786	916	183	32	22	134	17	83	14	20	4	69	7	241	163	49

HAYES	1,068	284	47	8	19	7	3	97	26	26	46	70	1	66	69	9
HITCHCOCK	3,111	740	135	28	36	120	33	67	23	26	37	66	8	323	154	56
HOLT	11,551	3,148	674	120	78	371	14	86	15	13	22	81	40	1,116	665	291
HOOKER	783	188	32	7	7	19	30	70	5	6	0	74	2	61	23	23
HOWARD	6,567	1,860	397	60	60	300	35	65	14	13	24	77	23	496	247	147
JEFFERSON	8,333	1,940	440	79	62	297	51	49	10	15	8	75	31	576	273	136
JOHNSON	4,488	1,086	245	39	134	155	40	60	11	11	11	83	14	262	139	76
KEARNEY	6,882	1,842	424	73	96	283	56	44	10	10	2	79	16	414	293	89
KEITH	8,875	2,243	508	88	193	400	40	60	13	20	25	76	28	647	360	185
KEYA PAHA	983	234	60	14	17	27	12	88	34	46	0	60	2	87	47	18
KIMBALL	4,089	1,010	220	44	75	166	29	71	12	13	22	80	13	356	157	65
KNOX	9,374	2,393	539	106	373	374	27	73	20	23	36	83	50	962	395	130
LANCASTER	250,291	58,828	16,680	3,708	9,808	12,457	67	33	10	12	24	75	1,140	15,285	5,420	4,978
LINCOLN	34,632	9,085	2,287	505	1,051	1,812	64	36	12	16	21	69	255	2,813	1,221	843
LOGAN	774	211	40	10	10	27	32	68	13	18	11	33	2	32	47	10
LOUP	712	190	45	4	8	13	5	95	23	23	9	68	0	61	35	6
MADISON	35,226	9,450	2,433	560	1,732	1,748	55	45	13	17	31	76	167	3,272	1,090	853
MCPHERSON	533	147	39	6	10	9	19	81	22	11	100	73	0	14	30	8
MERRICK	8,204	2,260	522	89	102	355	61	39	10	10	25	76	23	545	398	136
MORRILL	5,440	1,480	321	68	266	226	27	73	20	24	36	72	26	589	244	127
NANCE	4,038	1,126	250	43	39	169	30	70	17	24	23	74	15	348	204	87
NEMAHA	7,576	1,756	352	67	81	324	35	65	13	20	0	66	35	524	264	73
NUCKOLLS	5,057	1,184	250	46	32	162	33	67	17	17	38	78	19	316	212	76
OTOE	15,396	4,050	986	193	245	638	53	67	9	14	28	74	56	897	483	210
PAWNEE	3,087	700	151	27	25	103	37	63	14	14	0	80	12	164	157	40
PERKINS	3,200	852	173	39	61	110	24	76	20	25	17	55	8	154	96	49
PHELPS	9,747	2,584	606	136	162	390	43	57	12	12	34	72	38	606	347	118
PIERCE	7,857	2,276	470	87	69	267	30	70	14	18	28	79	22	548	338	102
PLATTE	31,662	9,184	2,296	422	1,092	1,464	43	57	9	11	20	75	127	2,027	1,191	644
POLK	5,639	1,418	326	52	43	155	42	58	7	11	48	71	12	277	131	69
RED WILLOW	11,448	2,847	712	137	184	516	65	35	11	14	17	83	29	896	493	300
RICHARDSON	9,531	2,434	495	78	200	503	60	40	10	15	29	74	36	771	431	128
ROCK	1,756	404	96	14	7	52	22	78	36	36	63	70	4	159	110	30
SALINE	13,843	3,481	863	164	502	679	51	49	9	7	21	70	28	765	290	287
SARPY	122,595	37,367	10,112	2,183	6,047	6,135	60	40	5	6	8	70	331	4,305	3,341	1,475
SAUNDERS	19,830	5,532	1,260	257	179	735	46	54	7	10	8	73	36	926	765	223
SCOTTS BLUFF	36,951	9,588	2,404	563	2,953	2,387	58	42	22	26	42	72	360	4,596	1,879	1,088
SEWARD	16,496	4,079	942	189	173	536	43	57	6	8	9	79	20	603	453	172
SHERIDAN	6,198	1,587	359	71	340	337	48	51	20	27	42	75	45	627	335	142
SHERMAN	3,318	814	172	29	25	107	27	73	19	33	0	61	10	285	193	80
SIOUX	1,475	359	79	9	15	45	26	74	24	12	0	73	0	57	96	15
STANTON	6,455	1,922	433	87	130	273	68	32	7	5	25	77	15	391	356	73
THAYER	6,055	1,459	343	62	60	250	55	45	15	16	51	81	14	405	303	100
THOMAS	729	172	43	5	1	23	14	86	21	10	0	69	2	35	38	6
THURSTON	7,171	2,642	688	157	1,857	811	61	64	33	34	41	71	327	1,788	664	44
VALLEY	4,647	1,147	258	44	63	167	47	53	16	17	58	76	14	384	251	81
WASHINGTON	18,780	5,086	1,207	244	164	672	46	54	8	12	13	73	25	642	453	172
WAYNE	9,851	2,131	523	93	119	298	48	52	11	16	40	79	26	423	326	109
WEBSTER	4,061	957	210	35	32	150	30	70	14	12	27	68	10	249	140	54
WHEELER	886	258	69	11	5	23	19	81	28	32	100	76	1	87	55	18
YORK	14,598	3,691	814	171	181	539	41	59	10	13	55	80	25	910	431	221
STATE TOTAL	**1,711,263**	**450,242**	**117,048**	**24,818**	**82,116**	**88,431**	**60**	**40**	**12**	**14**	**27**	**73**	**10,314**	**126,373**	**57,561**	**33,019**

County Data

Kids Count 2002 Report

	32. JUVENILE ARRESTS	31. STDs 19 & UNDER 1992-2001	30. FOSTER CARE 2001	29. HEAD START 2001	28. COST PER PUPIL 2000-2001	27. SPECIAL EDUCATION 2000-2001	26. DROPOUTS 2000-2001	25. GRADUATES 2000-2001	24. LOW BIRTH WEIGHT 2000	23. 1-19 DEATHS 1992-2001	22. INFANT DEATHS 1992-2001	21. OUT OF WEDLOCK BIRTHS 1992-2001	20. TEEN BIRTHS 10-17 1992-2001	19. SUMMER FOOD PROGRAM	18. FREE/SUBSIDIZED SCHOOL LUNCH	17. FREE/SUBSIDIZED BREAKFAST
ADAMS	400	217	152	125	6,828	823	53	359	24	32	34	4,067	137	277	1,153	279
ANTELOPE	11	10	17	17	7,572	178	3	138	2	9	1	842	19	-	628	35
ARTHUR	1	0	0	0	13,812	11	0	7	0	0	0	52	0	-	0	0
BANNER	0	0	1	0	8,283	25	1	16	0	2	0	56	1	-	73	0
BLAINE	0	1	0	0	11,016	18	0	15	0	1	0	97	2	-	52	0
BOONE	27	16	6	18	6,952	161	5	94	6	7	6	731	19	-	427	169
BOX BUTTE	285	29	22	66	6,709	366	14	197	6	14	12	1,663	78	54	576	0
BOYD	5	3	1	0	8,243	122	0	52	0	6	3	277	13	-	190	0
BROWN	7	7	5	18	6,645	84	5	46	1	6	3	424	15	-	150	37
BUFFALO	363	340	115	116	6,143	1,136	42	562	33	36	35	5,593	145	337	1,499	442
BURT	36	13	21	17	6,386	226	18	132	7	9	4	810	29	-	352	86
BUTLER	44	15	29	17	6,777	221	15	141	7	4	4	1,091	24	-	415	61
CASS	96	97	68	140	6,610	672	32	241	20	28	27	3,178	107	-	820	293
CEDAR	4	4	16	17	7,020	205	3	169	6	21	11	1,195	10	-	694	107
CHASE	30	2	2	10	7,815	116	7	59	2	5	4	475	19	-	264	0
CHERRY	82	13	4	28	8,115	107	9	74	2	7	3	777	24	-	302	71
CHEYENNE	7	20	25	43	7,424	280	28	132	10	9	10	1,227	54	297	575	166
CLAY	98	40	22	47	7,727	190	2	86	1	12	8	843	26	-	244	67
COLFAX	25	8	6	21	6,132	259	27	156	11	19	15	1,515	71	-	613	0
CUMING	29	17	24	20	7,291	275	15	156	5	11	7	1,303	35	-	582	71
CUSTER	470	196	50	72	5,854	606	76	157	6	15	8	1,373	41	-	698	103
DAKOTA	13	121	8	60	8,005	53	0	26	0	4	2	206	2	-	121	0
DAWES	50	5	3	10	6,786	52	1	26	2	1	2	254	6	-	92	0
DAWSON	218	108	78	61	6,048	693	77	312	28	43	39	4,138	201	240	1,768	333
DEUEL	8	1	2	19	8,710	59	5	48	0	4	1	190	9	-	152	0
DIXON	50	13	16	6	6,211	100	4	59	3	8	4	780	27	-	68	56
DODGE	218	180	132	125	6,268	1,160	75	481	34	35	32	4,340	131	-	1,626	212
DOUGLAS	12,024	11,012	1,892	893	6,438	11,585	1,537	5,183	600	452	580	71,229	2,938	2,845	23,137	12,010
DUNDY	6	1	0	10	9,336	46	1	26	0	6	0	238	3	-	88	21
FILLMORE	40	85	8	17	8,389	241	2	105	2	4	5	766	20	-	251	6
FRANKLIN	8	3	2	15	8,691	60	2	37	2	3	0	366	11	-	138	0
FRONTIER	4	6	2	10	8,868	122	2	65	1	7	1	319	8	-	249	59
FURNAS	22	7	10	20	8,609	211	5	102	1	5	6	595	18	-	320	128
GAGE	97	104	40	60	6,547	544	31	276	6	35	24	2,588	100	-	849	196
GARDEN	7	3	11	6	9,621	43	2	35	2	2	2	178	3	-	121	0
GARFIELD	5	5	3	17	8,005	53	0	26	0	4	2	206	2	-	92	0
GOSPER	10	0	1	10	10,580	19	1	26	2	1	2	254	6	-	72	20
GRANT	1	1	10	17	8,118	109	2	61	0	4	1	90	1	-	33	0
GREELEY	385	213	153	153	6,004	1486	149	626	65	56	74	8,466	432	413	2,922	930
HALL	771	13	21	18	6,228	218	27	123	5	7	7	1,147	23	-	369	0
HAMILTON	64	28	12	18	6,786	218	27	123	5	7	2	379	7	-	85	27
HARLAN	3	4	0	10	7,210	42	0	29	1	5	2					

HAYES	0	75	-	4	81	0	1	0	14	0	30	10,116	0	0	2	11
HITCHCOCK	59	158	-	15	308	3	3	2	60	4	69	8,601	10	6	2	2
HOLT	215	708	-	38	1,400	10	19	3	190	12	318	7,471	37	41	21	98
HOOKER	28	135	-	2	75	0	0	0	16	0	24	9,260	0	2	0	0
HOWARD	87	368	-	32	748	7	9	3	107	9	273	6,687	22	16	19	19
JEFFERSON	142	508	-	38	837	6	6	4	132	19	291	7,144	18	18	24	38
JOHNSON	24	235	-	13	446	2	8	2	66	3	145	7,815	0	4	16	3
KEARNEY	63	246	-	16	823	9	14	8	128	7	238	6,984	17	10	13	60
KEITH	15	302	-	51	937	8	10	10	115	12	225	6,926	17	34	30	96
KEYA PAHA	0	55	-	1	123	1	1	0	11	0	14	9,785	0	0	0	6
KIMBALL	85	185	-	18	411	2	4	4	43	11	109	6,860	18	12	14	8
KNOX	190	770	33	35	1,093	5	15	6	143	6	196	7,954	17	18	15	28
LANCASTER	2,274	7,635	670	1,026	33,572	238	177	233	2,537	653	6,103	6,821	460	751	3,747	3,438
LINCOLN	434	1,330	380	172	4,494	38	46	25	497	72	1,020	6,496	70	182	122	196
LOGAN	30	65	-	1	85	1	2	0	22	1	28	8,428	0	0	2	6
LOUP	20	77	-	1	62	0	1	0	11	0	14	8,232	0	0	0	0
MADISON	44	1,698	197	194	5,420	43	43	39	549	56	972	6,130	90	106	272	535
MCPHERSON	0	0	-	0	50	0	2	0	9	0	9	10,052	0	0	0	0
MERRICK	13	323	-	23	1,036	7	13	2	135	10	167	6,683	18	14	14	14
MORRILL	156	461	84	33	675	6	15	6	60	18	105	7,328	30	16	18	24
NANCE	61	287	-	23	481	4	4	1	66	2	108	6,063	17	4	9	31
NEMAHA	0	282	-	11	747	8	9	7	100	4	155	7,125	30	16	27	83
NUCKOLLS	39	376	-	19	488	2	8	3	86	7	327	8,470	15	8	10	5
OTOE	30	540	-	79	1,763	16	18	12	200	7	426	6,348	53	22	33	90
PAWNEE	65	190	-	7	281	3	5	1	48	2	89	7,465	23	1	9	8
PERKINS	0	107	-	8	306	0	6	0	47	4	67	8,991	10	2	0	13
PHELPS	60	332	-	36	1,249	9	15	7	144	15	394	6,826	17	18	17	25
PIERCE	104	431	-	25	929	9	12	2	156	6	218	6,417	6	6	12	34
PLATTE	211	1,142	-	144	4,534	38	36	18	494	51	792	6,221	94	45	90	301
POLK	29	310	-	9	638	3	6	3	95	1	189	7,488	0	7	11	4
RED WILLOW	76	499	-	49	1,439	9	9	9	182	16	393	6,677	18	34	53	190
RICHARDSON	196	543	-	39	993	6	8	6	150	12	272	7,153	50	22	21	76
ROCK	0	86	-	3	166	1	4	2	27	0	47	9,277	0	0	1	0
SALINE	158	557	-	27	1,503	11	13	13	221	15	421	6,006	32	25	72	167
SARPY	317	2,414	310	385	19,928	128	100	164	1,389	130	2,676	6,118	125	278	800	1,294
SAUNDERS	70	734	-	47	2,394	13	14	19	241	18	434	6,487	44	32	59	150
SCOTTS BLUFF	497	2,141	551	350	5,234	36	51	39	406	63	821	6,110	203	153	359	346
SEWARD	21	464	-	31	1,768	5	18	9	238	25	432	7,055	20	28	35	112
SHERIDAN	63	344	38	35	724	6	12	3	91	12	164	7,178	50	12	30	94
SHERMAN	74	230	-	16	362	3	8	5	44	3	73	7,819	18	2	4	20
SIOUX	0	0	-	1	109	2	0	0	18	0	15	13,058	0	0	1	0
STANTON	0	131	-	26	820	0	6	9	40	2	77	6,590	12	3	9	34
THAYER	19	290	-	7	606	1	3	2	101	3	152	8,622	20	14	10	25
THOMAS	0	52	-	2	79	1	3	0	16	0	21	10,588	0	0	0	3
THURSTON	349	879	389	121	1,525	18	10	8	82	40	454	8,919	17	9	272	0
VALLEY	27	254	-	14	492	2	8	3	78	5	94	7,878	20	5	12	24
WASHINGTON	8	349	-	41	2,058	15	18	20	266	19	536	6,222	18	25	67	158
WAYNE	33	328	-	16	1,065	10	13	1	147	6	223	6,647	23	5	86	37
WEBSTER	15	153	-	11	408	3	2	1	58	2	138	6,960	15	4	4	24
WHEELER	28	68	-	2	128	3	1	2	13	0	14	10,032	0	0	0	1
YORK	47	477	-	28	1,743	13	12	14	203	16	396	7,298	0	49	33	223
STATE TOTAL	**23,051**	**74,812**	**7,328**	**8,342**	**236,362**	**1,787**	**1,780**	**1,655**	**21,300**	**3,770**	**44,432**	**6,652**	**4,113**	**5,559**	**19,636**	**17,063**

Methodology & D

GENERAL

Data Sources: Sources for all data are listed below by topic. In general, data was obtained from the state agency with primary responsibility and from reports of the U.S. Bureau of Census and the U.S. Department of Commerce. With respect to population data, the report utilizes data from the 2000 U.S. Census of Population and Housing.

Race – Race/Hispanic identification – Throughout this report, race is reported based on definitions used by the U.S. Bureau of Census. The census requests adult household members to specify the race for each household member including children. New 2000 guidelines, implemented in an effort to reflect the growing diversity of our Nation's population, allowed the respondents to report as many racial categories as applied. Because the 1990 census required respondents to pick only a single, mutually exclusive, category, the 1990 and 2000 census data regarding race is not directly comparable. The 2000 census treats Hispanic origin as a separate category and Hispanics may be of any race, as did the 1990 census.

Rate – Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons. (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population.)

Selected Indicators for the 2001 Report – The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the Kids Count in Nebraska project consultants and advisors, and the national Kids Count indicators.

INDICATORS OF CHILD WELL-BEING

CHILD ABUSE AND NEGLECT/DOMESTIC VIOLENCE

Data Sources: Data was provided by the Nebraska Health and Human Services System, (HHSS), and the Nebraska Domestic Violence/Sexual Assault Coalition. Data regarding hospital discharges and abuse fatalities was taken from Vital Statistics provided by HHSS.

Neglect – Can include emotional, medical, physical neglect, or failure to thrive.

Substantiated Case – A case has been reviewed and an official office or court has determined that credible evidence of child abuse and or neglect exists. Cases are reviewed by HHSS and/or an appropriate court of law.

Agency Substantiated Case – HHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence" that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court Substantiated Case – A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence Shelter – Shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

EARLY CARE AND EDUCATION

Data sources – Parents in the workforce data was taken from the U.S. Census of Population and Housing, 2000. Data concerning child care subsidies and licensed childcare was provided by HHSS. Data concerning Head Start was provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, Head Start and Youth Branch. Data concerning early childhood initiatives was obtained from the Nebraska Department of Education web site for Early Childhood.

Child Care Subsidy – HHSS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Dependent Children and families at or below 185% of poverty. As of July 1, 2002 the eligibility level was reduced to at or below 120% poverty for families not receiving ADC. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed Child Care – State statute requires HHSS to license all child care providers who care for four or more children for more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center Based Care – Child care centers which provide care to many children from a number of families. State license is required.

Family Child Care Home I – Provider of child care in a home to between 4 and 8 children from families other than providers at any one time. State license is required. This licensure procedure begins with a self-certification process.

Family Child Care Home II – Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start – The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start – early childhood education.

ECONOMIC WELL-BEING

Data Sources: Data related to Temporary Assistance to Needy Families (TANF), Kids Connection income guidelines, poverty guidelines, and child support collections was provided by HHSS. TANF and Aid to Dependent Children (ADC) may be used interchangeably. The name of the program changed to TANF at the federal level while Nebraska continues to call it ADC. Data concerning divorce and involved children was taken from Vital Statistics provided by HHSS. Data enumerating the number of children in low income families and cost burden for housing was taken from the 2000 Census of Population and Housing. Data on the Earned Income Tax Credit program was provided by the Department of Revenue.

EDUCATION

Data Sources: Data on high school completion, high school graduates, secondary school dropouts, expulsions, and children with identified disabilities was provided by the Nebraska Department of Education.

Dropouts – A dropout is an individual who: A) was enrolled in school at some time during the previous year, or B) was not enrolled at the beginning

Data Sources & Definitions

of the current school year, or C) has not graduated from high school or completed a state or district-approved educational program, or D) does not meet any of the following exclusionary conditions; 1) transfer to another public school district, private school, home school, or state or district-approved educational progam.

High School Completion – The high school completion rate is a comparison of the number of children starting high school and the number of graduates. This comparison does not account for transfers in and out, deaths, or temporary absences.

Expulsion – Exclusion from attendance in all schools within the system in accordance with section 79-283. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters (79-263).

Special Education – Specially designed instruction to meet the individual needs of children who meet the criteria of a child with an educational disability provided at no extra cost to the parent. This may include classroom support, home instruction, instruction in hospitals and institutions, speech therapy, occupational therapy, physical therapy, and psychological services.

HEALTH -PHYSICAL AND BEHAVIORAL

Data Sources: Data for Medicaid participants was provided by HHSS. Data related to pertussis, immunizations, STD's, and blood lead levels was provided by the HHSS. Data related to infant mortality, child mortality, and birth is based on HHSS 2001 Vital Statistics Report. Data related to adolescent risk behaviors sexual behaviors, and use of alcohol, tobacco, and other drugs are taken from the 2001 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries was provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities was provided by HHSS.

Prenatal Care – Data on prenatal care is reported by the mother and on birth certificates.

Low Birth Weight – A child weighing less than 2,500 grams, or approximately 5.5 pounds at birth.

JUVENILE JUSTICE

Data Sources: Data concerning total arrests and the number of juveniles in detention centers was provided by the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission). Data concerning juveniles currently confined or on parole was provided by the HHS, Office of Juvenile Services. Data on youth committed to YRTC programs was provided by HHS. Data on youth in the adult corrections system was provided by the Department of Corrections. Data on youth arrested/convicted for serious crimes and juvenile victims of sexual assault was provided by the Crime Commission. Data concerning juveniles on probation was provided by the Administrative Office of the Courts and Probation.

Juvenile Detention – Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the community's protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) – A long term staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

NUTRITION

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Food Program, and the WIC Program was provided by HHSS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

OUT OF HOME CARE

Data Sources: Data was provided by HHSS and the Foster Care Review Board.

Approved Foster Care Homes – HHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes had been maintained by HHSS since 1992. Often these homes are the homes of relatives.

Licensed Foster Care Homes – Must meet the requirements of the HHSS. Licenses are reviewed for renewal every two years.

Out-of-Home Care – 24 hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to his or her family, placed in an adoptive home, placed with a legal guardian, or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings, and independent living.

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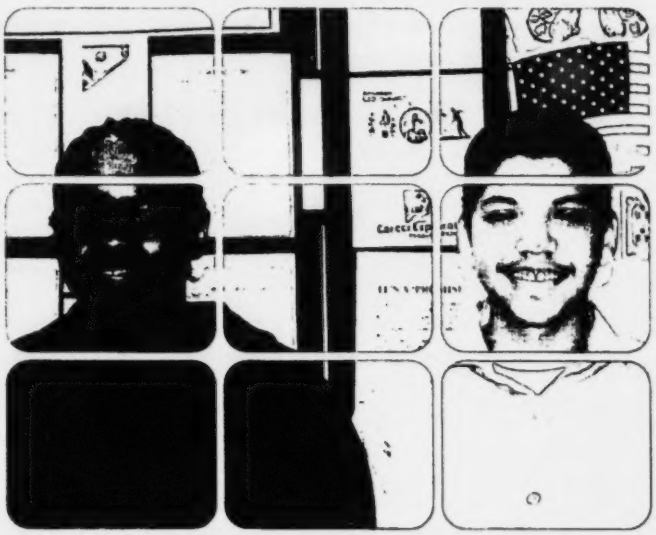

Jaynita, 15 and Felix, 15

kidscount Team Members

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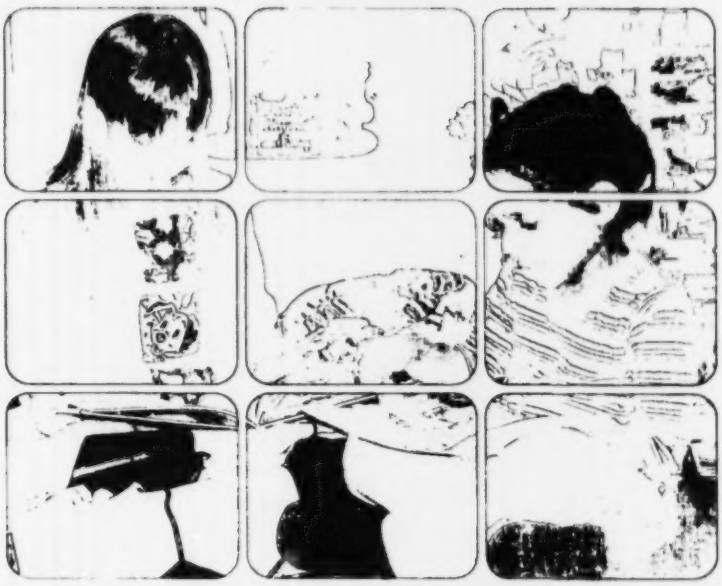

Riley, 4 and Samantha, 4

"Head Start has been wonderful [for our child]. In the beginning, he was down here at the bottom, but now, he's ending up here on the top. It's made a huge difference in his life and ours. If it hadn't been for the Head Start program, we wouldn't be where we are today. It's the best thing we've ever done."

-Head Start Dad

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